



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00

1. ID No. <b>000792857</b>		2. Exact name of the limited liability company <b>J&amp;W Property Management, LLC</b>			3. R.A.C. Code <b>53190</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real estate</b>					5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>220 Waterman Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name <b>Gregory Weiss</b>			Contact Title <b>Manager</b>			
Street Address <b>220 Waterman Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> . FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name <b>Gregory Weiss</b>			Manager Name			
Street Address <b>220 Waterman Street</b>			Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.						

**FILED**

SEP 30 2020  
BY 5840  
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

**Gregory Weiss, Manager**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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