



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

SEP 30 2020

BY 3295-3294
DS

| | | | | | |
|--|-------|---|--|------------------------|--|
| 1. Entity ID Number <u>001664492</u> | | 2. Exact name of the Limited Liability Company <u>JMAC ENTERPRISES LLC</u> | | | |
| 3. NAICS Code <u>595442</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Power Washing And Carpentry</u> <u>Some Junk Removal</u> | | | |
| 5. State of Formation <u>Rhode Island</u> | | | | | |
| 6. Principal Office Address <u>35 President Drive</u> | | City <u>Narragansett</u> | | State <u>RI</u> | Zip <u>02882</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Joseph Mac Donald</u> | | | Contact Title <u>Owner / Proprietor</u> | | |
| Street Address <u>35 President Drive</u> | | | City <u>Narragansett</u> | | State <u>RI</u> Zip <u>02882</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | | | |
| 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. | | | | | |
| Name of Authorized Person <u>Joseph B Mac Donald</u> | | | | Date <u>9-28-20</u> | |
| Signature of Authorized Person <u>Joseph B Mac Donald</u> | | | | | |

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov