



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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 STAMP

OCT 05 2020

BY

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1. Entity ID Number <u>000160330</u>		2. Exact name of the Limited Liability Company <u>A. Jean I, LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Manage One (1) Property</u>			
5. State of Formation <u>MA</u>					
6. Principal Office Address <u>439 Washington Street</u>		City <u>Braintree</u>		State <u>MA</u>	Zip <u>02184</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Frank A. Marinelli</u>		Contact Title <u>Manager</u>			
Street Address <u>439 Washington St.</u>		City <u>Braintree</u>		State <u>MA</u>	Zip <u>02184</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Frank A. Marinelli</u>		Manager Name			
Street Address <u>439 Washington St</u>		Street Address			
City <u>Braintree</u>	State <u>MA</u>	Zip <u>02184</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
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. <u>To the best of my knowledge.</u>					
Name of Authorized Person <u>Frank A. Marinelli</u>				Date <u>9.29.20</u>	
Signature of Authorized Person <u>Frank A. Marinelli, Mgr.</u>					

MAIL TO:

Division of Business Services

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