→ 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 1 5 2020,	TOPE STORES
OCT 1 5 2020	

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
520918	JJP Pascoa	JJP Pascoag, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531110	real estate	real estate development					
5. State of Formation					•		
RI							
6. Principal Office Address			City	State	Zip		
1 Realty Way			East Providence	RI	02914		
7. Mailing Address of Limit	ted Liability Compa	iny and Name or	Title of Contact Person				
Contact Name Gene M. Carlino			Contact Tille Resident Ag	Contact Tille Resident Agent/Attorney			
Street Address 1301 Atwood Avenue, Suite 215N		City Johnston	State RI	^{Z₁p} 02919			
8. List ALL managers (nar	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
•				Check the box to	indicate an attachment		
9. The Resident Agent info	ormation currently	of record with the	e RI Department of State is acc	urate. Changes requi	re filing Form 642.		
Under penalty of perjury statements, and that all			examined this report, includi true and correct.	ng any accompanyi	ng schedules and		
Name of Authorized Person				Date	1-0		
Gene M. Carlino			_	10/2/20			
Signature of Authorized Po	erson	200					
		1					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov