



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

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 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 001700673		2. Exact name of the limited liability company JT Co-Invest I, LLC		3. NAICS Code 531312	
4. Brief description of the character of the business which is actually conducted in Rhode Island hold and manage real estate				5. State of Formation Rhode Island	
6. Principal office address 55 Sand Island Lane		City Otisfield		State ME	Zip 04270
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Corey E. Johnson		Contact Title Authorized Person			
Street Address 55 Sand Island Lane		City Otisfield		State ME	Zip 04270
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Johnson-Tedesco Holdings, LLC		Manager Name			
Street Address 55 Sand Island Lane		Street Address			
City Otisfield	State ME	Zip 04270	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

OCT 26 2020

BY **NA2ND**
A.A.

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 OCT 26 P 4:11

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.

Corey Johnson
Signature of Authorized Person

10/27/20
Date

Corey E. Johnson, Authorized Person

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY