



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

1. ID No. 001676995		2. Exact name of the limited liability company Johnson Brothers Rhode Island Realty Investment, LLC		3. NAICS Code 531312	
4. Brief description of the character of the business which is actually conducted in Rhode Island real estate management				5. State of Formation Rhode Island	
6. Principal office address 2130 Mendon Road, Suite 3-123		City Cumberland		State RI	Zip 02864
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Corey E. Johnson		Contact Title Manager			
Street Address 2130 Mendon Road, Suite 3-123		City Cumberland		State RI	Zip 02864
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 Corey E. Johnson		Manager Name Darryl E. Johnson			
Street Address 2130 Mendon Road, Suite 3-123		Street Address 2130 Mendon Road, Suite 3-123			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Manager Name Garrick B. Johnson		Manager Name			
Street Address 2130 Mendon Road, Suite 3-123		Street Address			
City Cumberland	State RI	Zip 02864	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

Handwritten signature: Z. UUDV

Handwritten initials: A.A.

RECEIVED
RI, DEPT. OF STATE
BUS SVCS DIV
2020 OCT 26 P 4:13

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.

Handwritten signature: Corey Johnson
Signature of Authorized Person

Handwritten date: 10/23/20
Date

Corey E. Johnson, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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