



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020  
**Limited Liability Company**

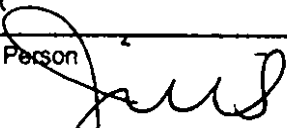
- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**

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1. Entity ID Number 572007		2. Exact name of the Limited Liability Company JH DAVIS, LLC					
3. NAICS Code 541430		4. Brief description of the character of business conducted in Rhode Island ARTIST					
5. State of Formation RI							
6. Principal Office Address 435 WEST AVENUE				City PAWTUCKET		State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JILL DAVIS				Contact Title MEMBER			
Street Address 223 RALEIGH AVENUE				City PAWTUCKET		State RI	Zip 02860
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.							
<i>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.</i>							
Name of Authorized Person JILL DAVIS - MEMBER						Date 10-23-2020	
Signature of Authorized Person 							

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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