	State of Rhode		Fee: \$50.00
	Office of the Secreta	•	
	Division Of Business 148 W. River St		
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	40	
Limited Liability Com	ipany		
Annual Report Filing Period: September 1	- November 1		
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.			
ANNUAL REPORT YEAR: 2020			
<b>1. ID No.</b> <u>001673939</u>			
2. Exact Name of the Limited Liability Company JOHN STREET PROPERTIES, LLC			
3. State of Formation			
State: <u>FL</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. Mor	e information on <u>NAICS</u> can be found	online.	-
<u>531110</u>			
	e Character of the Business Which	is Actually Conducted	in Rhode Island
4. Brief Description of th		is Actually Conducted	in Rhode Island
		is Actually Conducted	in Rhode Island
4. Brief Description of th	<u>T HOUSING</u>	is Actually Conducted	in Rhode Island
4. Brief Description of the LESSOR OF STUDENT         5. Principal Office Address         No. and Street:       1121	<u>F HOUSING</u> ess EDGEWATER DRIVE	-	
4. Brief Description of the LESSOR OF STUDENT         5. Principal Office Address         No. and Street:       1121	<u>F HOUSING</u> ess EDGEWATER DRIVE	is Actually Conducted te: <u>FL</u> Zip: <u>32804</u>	in Rhode Island Country: <u>USA</u>
4. Brief Description of the         LESSOR OF STUDENT         5. Principal Office Addres         No. and Street:       1121         City or Town:       ORL	<u>F HOUSING</u> ess EDGEWATER DRIVE	te: <u>FL</u> Zip: <u>32804</u>	Country: <u>USA</u>
4. Brief Description of the         LESSOR OF STUDENT         5. Principal Office Addrest         No. and Street:       1121         City or Town:       ORL         6. Mailing Address of Lite         Contact Name:       STACY	<u>F HOUSING</u> ess <u>EDGEWATER DRIVE</u> <u>ANDO</u> Sta mited Liability Company and Name <u>SULLIVAN</u> Contact Title:	te: <u>FL</u> Zip: <u>32804</u>	Country: <u>USA</u>
4. Brief Description of the LESSOR OF STUDENT 5. Principal Office Addrest No. and Street: 1121 City or Town: ORL 6. Mailing Address of Lit Contact Name: STACY No. and Street: POST	<u>F HOUSING</u> ess <u>EDGEWATER DRIVE</u> <u>ANDO</u> Sta         mited Liability Company and Name <u>SULLIVAN</u> Contact Title:         OFFICE BOX 540777	te: <u>FL</u> Zip: <u>32804</u> or Title of Contact Per	Country: <u>USA</u> son:
4. Brief Description of the LESSOR OF STUDENT 5. Principal Office Addrest No. and Street: 1121 City or Town: ORL 6. Mailing Address of Lit Contact Name: STACY No. and Street: POST City or Town: ORL	<u>F HOUSING</u> ess <u>EDGEWATER DRIVE</u> <u>ANDO</u> Sta         mited Liability Company and Name <u>SULLIVAN</u> Contact Title: <u>OFFICE BOX 540777</u> <u>NDO</u> Sta         F Each Manager of the Limited Liab	te: <u>FL</u> Zip: <u>32804</u> or Title of Contact Per ate: <u>FL</u> Zip: <u>32854</u>	Country: <u>USA</u> <b>son:</b> Country: <u>USA</u>
4. Brief Description of the LESSOR OF STUDENT 5. Principal Office Addrest No. and Street: 1121 City or Town: ORL 6. Mailing Address of Lit Contact Name: STACY No. and Street: POST City or Town: ORLA 7. Name and Address of DO NOT LIST MEMBE	<u>F HOUSING</u> ess <u>EDGEWATER DRIVE</u> <u>ANDO</u> Sta         mited Liability Company and Name <u>SULLIVAN</u> Contact Title: <u>OFFICE BOX 540777</u> <u>NDO</u> Sta         Each Manager of the Limited Liab         RS	te: <u>FL</u> Zip: <u>32804</u> or Title of Contact Per ate: <u>FL</u> Zip: <u>32854</u> ility Company, if Applic	Country: <u>USA</u> son: Country: <u>USA</u> cable.
4. Brief Description of the         LESSOR OF STUDENT         5. Principal Office Addrest         No. and Street:       1121         City or Town:       ORL         6. Mailing Address of Lit         Contact Name:       STACY         No. and Street:       POST         City or Town:       ORLA         Total Street:       POST         ORLA       ORLA	<u>F HOUSING</u> ess <u>EDGEWATER DRIVE</u> <u>ANDO</u> Sta         mited Liability Company and Name <u>SULLIVAN</u> Contact Title: <u>OFFICE BOX 540777</u> <u>NDO</u> Sta         F Each Manager of the Limited Liab	te: <u>FL</u> Zip: <u>32804</u> or Title of Contact Per ate: <u>FL</u> Zip: <u>32854</u>	Country: <u>USA</u> son: Country: <u>USA</u> cable.

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

GRAYSON LEVIS 151 MEETING STREET PROVIDENCE, RI 02906

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

**Signed this 3 Day of December, 2020 at 5:50:19 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>R ANDREW PELLETIER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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