



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 NOV 30 PM 3:20

1. Entity ID Number 142395		2. Exact name of the Corporation JLM 117, LTD			
3. Principal Office Address 110 RIDGEWAY AVE		City WARWICK		State RI	Zip 02889
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A HAIR, NAIL AND BEAUTY SALON			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JENNIFER L MARLEY			Vice-President Name JENNIFER L MARLEY		
Street Address 110 RIDGEWAY AVE			Street Address 110 RIDGEWAY AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		PAR VALUE			
600		ONE CLASS			
		NPV			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative JENNIFER L MARLEY					Date 11-10-20
Signature of Authorized Representative <i>Jennifer L Marley</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

DEC 22 2020

BY *Ch 59765* FORM 630 - Revised: 08/2020

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