RI SOS Filing Number: 202101926180 Date: 9/20/2021 4:00:00 PM

Department	of State - Bus	iness Servi	ces Division			
Annual Report for t Limited Liability Co	the year: 202	1	FILED SEP 20 2021			
→ Filing period: Septe → Filing Fee: \$50.00 → Penalty. Additional \$	mber 1 - Novemb		ecember 1.	BY BY	0 2021	
1. Entity ID Number 001682183		2. Exact name of the Limited Liability Company JBP Limo LLC				
NAICS Code 485300 State of Formation Rhode Island		cription of the cl portation/car s	naracter of business conducted in F ervice	Rhode Island		
6. Principal Office Address 29 Pearl Avenue			City North Providence	State RI	Zip 02904	
7. Mailing Address of Limi	ited Liability Compa	ny and Name or	Title of Contact Person			
Contact Name Jack Pholsina			Contact Title			
Street Address 29 Pearl Avenue			City North Providence	State RI	Zip 02904	
8. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name			
Street Address			Street Address			
City	State	Ζıρ	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
:	··			Check the box to	indicate an attachmen	ī
9. The Resident Agent in	formation currently	of record with the	e RI Department of State is accurat	e. Changes requi	re filing Form 642	—
Under penalty of perjury statements, and that all			examined this report, including a true and correct.	any accompanyi	ng schedules and	
Name of Authorized Person Jack Pholsina				Date 09/18/2021		

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri.gov