



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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  
SEP 22 2021  
BY Keay OS

|   |  |                    |                         |
|---|--|--------------------|-------------------------|
| 1. Entity ID Number<br><b>000310192</b>   | 2. Exact name of the Limited Liability Company<br><b>J&amp;B Realty, LLC</b>                               |                    |                         |
| 3. NAICS Code<br>531390   | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate holding company |                    |                         |
| 5. State of Formation<br>Rhode Island   |  |                    |                         |
| 6. Principal Office Address<br>2 Williams Street  |  | City<br>Providence | State<br>RI             |
|   |  | Zip<br>02903       |                         |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |                    |                         |
| Contact Name<br>Jonathan P. Taggard   |  | Contact Title      |                         |
| Street Address<br>1970 East Main Road   |  | City<br>Portsmouth | State<br>RI             |
|   |  | Zip<br>02871       |                         |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |  |                    |                         |
| Manager Name<br>N/A   |  | 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<br><u>Jonathan P Taggard</u>  |  |                    | Date<br><u>9/8/2021</u> |
| Signature of Authorized Person<br>  |  |                    |                         |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov