



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

FILED

OCT 5 2021

BY 7886

**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.

1. Entity ID Number <b>001674565</b>		2. Exact name of the Limited Liability Company <b>JTB LLC</b>			
3. NAICS Code 722511		4. Brief description of the character of business conducted in Rhode Island RESTAUARANT OPERATION AND ANY AND ALL LAWFUL BUSINESS			
5. State of Formation RI					
6. Principal Office Address 501 HIGH STREET		City WAKEFIELD	State RI	Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Joshua A. Sroka, Esquire			Contact Title Agent		
Street Address 484 Main Street		City Wakefield	State RI	Zip 02879	
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.					
<b>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.</b>					
Name of Authorized Person Joshua A. Sroka, Esquire				Date 10/1/2021	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
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