



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

STAMP

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1. Entity ID Number 1063627		2. Exact name of the Limited Liability Company JOLIDA LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Hold and manage real estate			
5. State of Formation RI					
6. Principal Office Address P.O. Box 719		City Barrington		State RI	Zip 02806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Daniel Lemos		Contact Title Member			
Street Address P.O. Box 719		City Barrington		State RI	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person Daniel Lemos				Date 9/30/2021	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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