RI SOS Filing Number: 202104968880 Date: 11/8/2021 4:00:00 PM

Department of State - Business Services Division  Elimited Liability Company  → Filling Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number  001665987  J & C, LLC  3. NAICS Code  611430  6. Principal Office Address  7.5 COLONIAL AVENUE  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name CECILIA CEPEDA  Street Address  City CRANSTON  State RI  Zip 02910  8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City State Zip  Contact Title MANAGER  Street Address  Street Address				
Annual Report for the year:  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  001665987  J & C, LLC  3. NAICS Code 611430  4. Brief description of the character of business conducted in Rhode Island MANACEMENT  5. State of Formation RHODE ISLAND  6. Principal Office Address 75 COLONIAL AVENUE  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name CECILIA CEPEDA  Street Address 75 COLONIAL AVENUE  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City State  Street Address  Street Address  Street Address  Street Address  Street Address  Manager Name				
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Check the box to indicate an attach	ment 🗌			
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.	f			
Name of Authorized Person Date				
CECILIA CEPEDA 09/02/2021	09/02/2021			
Signature of Authorized Person  X Signature of Authorized Person				

MAIL TO:

**Division of Business Services** 

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

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