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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 963233	2. Exact name of the Limited Liability Company  JLAL PARTNERS LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531311	Real estate property management.					
5 State of Formation	Transferred Fragerick managements					
Rhode Island						
6. Principal Office Address			City	State	Zip	
21 Swan Street			Cranston	RI	02921	
7. Mailing Address of Limited Lia	ibility Company	and Name or Tit	I le of Contact Person		<u></u>	
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney			
Street Address 50 Park Row West, Suite 111		City Providence	State RI	<sup>Zip</sup> 02903		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Delara Lungen			Manager Name Matthew Lungen			
Street Address 21 Swan Street			Street Address 21 Swan Street			
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston	State RI	<sup>Z<sub>1</sub>p</sup> 02921	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u> </u>		<u> </u>	Check the box to i	ndicate an attachment	
9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Date						
Matthew Lungen / l/ える   みゅ						
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

**Division of Business Services** 

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

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