State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company		
000136539	**JAMA, LLC**		
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE REAL ESTATE		
5. State of Formation RI			
6. Principal Office Address 120 DUDLEY STREET, 3RD FLOOR	City PROVIDENCE	State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANDREW W. DAVIS	Contact Title RESIDENT AGENT		
Street Address 101 DYER STREET, SECOND FLOOR	City PROVIDENCE	State RI	Zip 02903
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name N/A	Manager Name N/A		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name N/A	Manager Name N/A		
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 PHILIP R. RIZZUTO, MD		Date 11/10/21	
Signature of Authorized Person			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov