



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.

NOV 23 2021

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1. Entity ID Number 000136539		2. Exact name of the Limited Liability Company 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

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

Phone: (401) 222-3040

Website: www.sos.ri.gov