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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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		
000116410	**JSK, LLC**		
3. NAICS Code 721110	4. Brief description of the character of business conducted in Rhode Island RENTING THE MOTEL ROOMS		
5. State of Formation CT			
6. Principal Office Address 593 PROVIDENCE NEW LONDON TPKE	City NORTH STONINGTON	State CT	Zip 06359

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name YOGESH PATEL	Contact Title MEMBER MANAGER		
Street Address 593 PROVIDENCE NEW LONDON TPKE	City NORTH STONNGTON	State CT	Zip 06359

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**					
Manager Name YOGESH N PATEL			Manager Name		
Street Address 593 PROVIDENCE NEW LONDON TPKE			Street Address		
City NORTH STONINGTON	State CT	Zip 06359	City	State	Zip
Manager Name			Manager Name		
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	Date
YOGESH N PATEL	11-24-2021
Signature of Authorized Person	

3:15 FILED
NOV 24 2021
BY ZCRFW

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020