	State of Rhode Island	Fee: \$50.00
	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street Providence RI 02904-2615	
HODE	(401) 222-3040	
TOPE		
Limited Liabili Annual Repor		
Filing Period: Feb		
In accordance wit	th R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
	eport within thirty (30) days after the time prescribed by law (R.I.G.L. 7- bject to a penalty fee of \$25.00.	
ANNUAL REPOR		
1. ID No. <u>00</u>	01701645	
2. Exact Name	of the Limited Liability Company JFK REALTY, LLC	
3. State of Forr	mation	
State: <u>RI</u>		
the list of codes	it NAICS Code that best describes the primary business conducted by the entity. here. More information on <u>NAICS</u> can be found online.	Dominouu
<u>531120</u>		
	tion of the Character of the Business Which is Actually Conducted in Rhoo	de Island
	tion of the Character of the Business Which is Actually Conducted in Rhod	de Island
		de Island
4. Brief Descrip	<u>L ESTATE</u>	de Island
4. Brief Descrip	L ESTATE ice Address	de Island
4. Brief Descript <u>RENTAL REAI</u> 5. Principal Office No. and Street:	<u>L ESTATE</u> ice Address <u>46 CAPWELL AVE</u>	
4. Brief Descript	<u>L ESTATE</u> ice Address <u>46 CAPWELL AVE</u> <u>COVENTRY</u> State: <u>RI</u> Zip: <u>02893</u> Country:	
4. Brief Descript RENTAL REAI 5. Principal Offic No. and Street: City or Town:	<u>L ESTATE</u> ice Address <u>46 CAPWELL AVE</u>	
4. Brief Descript <u>RENTAL REAI</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name:	L ESTATE ice Address <u>46 CAPWELL AVE</u> <u>COVENTRY</u> State: <u>RI</u> Zip: <u>02893</u> Country: ress of Limited Liability Company and Name or Title of Contact Person: <u>KEITH HUNTOON</u> Contact Title:	
4. Brief Descript <u>RENTAL REAI</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	L ESTATE ice Address 46 CAPWELL AVE COVENTRY State: RI Zip: 02893 Country: ress of Limited Liability Company and Name or Title of Contact Person: KEITH HUNTOON Contact Title: CPA 83 VERMONT AVE	
4. Brief Descript <u>RENTAL REAI</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name:	L ESTATE ice Address <u>46 CAPWELL AVE</u> <u>COVENTRY</u> State: <u>RI</u> Zip: <u>02893</u> Country: ress of Limited Liability Company and Name or Title of Contact Person: <u>KEITH HUNTOON</u> Contact Title:	<u>USA</u>
4. Brief Descript <u>RENTAL REAI</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town: 7. RESIDENT AC	L ESTATE ice Address <u>46 CAPWELL AVE</u> <u>COVENTRY</u> State: <u>RI</u> Zip: <u>02893</u> Country: ress of Limited Liability Company and Name or Title of Contact Person: <u>KEITH HUNTOON</u> Contact Title: <u>CPA</u> <u>83 VERMONT AVE</u> <u>UNIT 4</u>	<u>USA</u>
 4. Brief Description <u>RENTAL REAI</u> 5. Principal Officient No. and Street: City or Town: 6. Mailing Addreet Contact Name: No. and Street: City or Town: 7. RESIDENT AGE Changes Required 	L ESTATE ice Address 46 CAPWELL AVE COVENTRY State: RI Zip: 02893 Country: ress of Limited Liability Company and Name or Title of Contact Person: KEITH HUNTOON Contact Title: CPA 83 VERMONT AVE UNIT 4 WARWICK State: RI Zip: 02888 Country	<u>USA</u>
 4. Brief Description <u>RENTAL REAI</u> 5. Principal Officient No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. RESIDENT AGE Changes Require KEITH HUNTO 	L ESTATE ice Address <u>46 CAPWELL AVE</u> <u>COVENTRY</u> State: <u>RI</u> zip: <u>02893</u> Country: ess of Limited Liability Company and Name or Title of Contact Person: <u>KEITH HUNTOON</u> Contact Title: <u>CPA</u> <u>83 VERMONT AVE</u> <u>UNIT 4</u> WARWICK State: <u>RI</u> Zip: <u>02888</u> Country GENT IN RHODE ISLAND - DO NOT ALTER pure Filing of Form 642 - R.I.G.L. 7-16-11	<u>USA</u>

Signed this 11 Day of July, 2022 at 9:34:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KEITH HUNTOON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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