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Annual Report for the year:  $\frac{2023}{}$ 

**Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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U 3 T a S	

1. Entity ID Number 001675892	2. Exact name of the Li Jabryfin LLC	2. Exact name of the Limited Liability Company Jabryfin LLC				
3. NAICS Code 53	4. Brief description of the Real Estate Holdings.	Brief description of the character of business conducted in Rhode Island     Real Estate Holdings.				
6. Principal Office Address		City	State	Zip		
90 Elm Street		Providence	RI	02903		
7. Mailing Address of Limited	Liability Company and Nam	e or Title of Contact Person				
Contact Name Robert Gaumo	nlact Name Robert Gaumont		Contact Title President			
Street Address 90 Elm Street		City Providence	State RI	<sup>Zip</sup> 02903		
8. The Resident Agent inform	nation currently of record with	n the RI Department of State is acc	urate. Changes requir	e filing Form 642.		
	declare and affirm that I hat seements contained herein	eve examined this report, including are true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person		Date 7	Date 3/11/2			
Robert Gaumont		04/1/09				
Signature of Authorized Pers	Son A H	7				

FILED

FEB 2.3 2026

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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