

FILED ...

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

MAR 0 8 2023 BY 1333 KR

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000792830	AR Jomeouners LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53 1190 5. State of Formation	of the homeowners.			
KI	103 The Homestale 3.			
6. Principal Office Address		City	State	Zip
2000 warwich	< Aug	Ubrwick	R1	02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Pathie Turner Contact Title CopeRty Manaser				
Street Address	k Ave	City Wereic	K State R	Zip 02889
8. 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 Pathe Turner, Managins Agent 3/5/23				
Signature of Authorized Person WWA				

MAIL TO:

Division of Business Services

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

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