



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 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.

**FILED**  
**STAMP**  
 APR 06 2023  
 BY 1061 FOR SECRETARY OF STATE  
19

|                                                                                                                                                                                                             |  |                                                                                             |                   |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>93900                                                                                                                                                                                |  | 2. Exact name of the Limited Liability Company<br>JGM Realty Associates, LLC                |                   |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate. |                   |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |  |                                                                                             |                   |              |
| 6. Principal Office Address<br>5 Abby Road                                                                                                                                                                  |  | City<br>Barrington                                                                          | State<br>RI       | Zip<br>02806 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                             |                   |              |
| Contact Name<br>Joseph S. Merlino                                                                                                                                                                           |  | Contact Title<br>Co-Operating Manager                                                       |                   |              |
| Street Address<br>5 Abby Road                                                                                                                                                                               |  | City<br>Barrington                                                                          | State<br>RI       | Zip<br>02806 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                             |                   |              |
| <i>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.</i> |  |                                                                                             |                   |              |
| Name of Authorized Person<br>Joseph S. Merlino, Co-Operating Manager                                                                                                                                        |  |                                                                                             | Date<br>3-28-2023 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |  |                                                                                             |                   |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov