

## 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.

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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company				
001733682	Jamestown	Construction an	a Proper	tyManagen		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1236115	general Contractor					
5. State of Formation	Construction					
Rhodelsland management of Property						
6. Principal Office Address		City	State	Zip		
11 PleasantVII	ew Dr.	Hope Valley	RI	02832		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	1	Contact Title				
KICHQYDJ.	Lyons Jr.	Owner				
Street Address 11 Pleasomt	View Dr.	city Hope Valley	State	02832		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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	Lvon Jr.		Date 9/22/	123		
Signature of Authorized Person						

MAIL TO:

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

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

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