	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
1636	(401) 222-3040
Limited Liability Annual Report Filing Period: Feb.	
law (R.I.G.L. 7-16-	annual report within thirty (30) days after the time prescribed by -66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPOR	T YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>
1. ID No. <u>000</u>	0523671
2. Exact Name of the Limited Liability Company <u>JR REALTY HOLDINGS, LLC</u>	
3. State of Form	ation
State: <u>RI</u>	
	NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531311</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
TO OWN, HOLD AND MANAGE REAL ESTATE	
5. Principal Offic	ce Address
No. and Street:	150 CONNELL HIGHWAY
City or Town:	NEWPORTState: RIZip: 02840Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: No. and Street:	Contact Title: <u>PO BOX 1139</u> <u>1602</u>
City or Town:	NORTH KINGSTOWN State: RI Zip: 02852 Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	

COLLEEN C. BORGES 7610 POST ROAD, #4 P.O. BOX 1139 NORTH KINGSTOWN , RI 02852

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of January, 2024 at 3:48:46 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>KIM SALZILLO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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