RI SOS Filing Number: 202445990380 Date: 2/7/2024 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024 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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BY	
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Entity ID Number	2. Exact name of the Limited Liability Company				
1730764	JWM, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531311	Real Estate				
5. State of Formation	<del> </del>				
Rhode Island					
6. Principal Office Address	·	City	State	Zip	
4115 Old Post Road		Charlestown	RI	02813	
	d Liability Company and Nam-	e or Title of Contact Person	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Contact Name Jacqueline We	rth Moore	Moore Contact Title Operating Manager			
Street Address 4115 Old Post Road		City Charlestown	State RI	Z <sub>IP</sub> 02813	
8. The Resident Agent infon	nation currently of record with	the RI Department of State is accu	rate. Changes requir	e filing Form 642.	
Under penalty of perjury, statements, and that all st	declare and affirm that I ha atements contained herein a	ve examined this report, includin are true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person		Date	Date		
Jacqueline Werth Moore					
Signature of Authorized Per	line Westh	Morre			

MAIL TO:

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

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