



**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.

**FILED**

**FEB 26 2024**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. Entity ID Number<br><b>744942</b>                                                                                                                                                                    |  | 2. Exact name of the Limited Liability Company<br><b>JCBC REALTY, LLC</b>                                    |                              |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>LESSORS OF REAL ESTATE</b> |                              |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                            |  |                                                                                                              |                              |
| 6. Principal Office Address<br><b>628 SNAKE HILL ROAD</b>                                                                                                                                               |  | City<br><b>NORTH SCITUATE</b>                                                                                | State<br><b>RI</b>           |
|                                                                                                                                                                                                         |  | Zip<br><b>02857</b>                                                                                          |                              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                              |                              |
| Contact Name<br><b>KAREN CHELO</b>                                                                                                                                                                      |  | Contact Title<br><b>ADMINISTRATIVE ASSISTANT</b>                                                             |                              |
| Street Address<br><b>628 SNAKE HILL ROAD</b>                                                                                                                                                            |  | City<br><b>NORTH SCITUATE</b>                                                                                | State<br><b>RI</b>           |
|                                                                                                                                                                                                         |  | Zip<br><b>02857</b>                                                                                          |                              |
| 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<br><b>KAREN CHELO</b>                                                                                                                                                         |  |                                                                                                              | Date<br><b>Feb. 22, 2024</b> |
| Signature of Authorized Person<br><i>Karen Chelo</i>                                                                                                                                                    |  |                                                                                                              |                              |

**MAIL TO:**

**Division of Business Services**

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

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