



**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.

STAMP
FEB 29 2024
2100 *[Signature]*

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|--|--|---|--------------------|
| 1. Entity ID Number 877705 | | 2. Exact name of the Limited Liability Company JNB, LLC | |
| 3. NAICS Code 531311 | | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE | |
| 5. State of Formation RHODE ISLAND | | | |
| 6. Principal Office Address C/O ROBINSON & COLE LLP, ONE FINANCIAL PLAZA, 14th FLOOR | | City PROVIDENCE | State RI |
| | | Zip 02903 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name ROGER A. PETERS, II, ESQ. | | Contact Title | |
| Street Address ONE FINANCIAL PLAZA, 14TH FLOOR | | City PROVIDENCE | State RI |
| | | Zip 02903 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | |
| 9. <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 THOMAS M. RYAN | | Date 2/25/24 | |
| Signature of Authorized Person <i>[Signature]</i> | | | |

MAIL TO:
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