



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 STAMP

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BY

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1. Entity ID Number 1063627		2. Exact name of the Limited Liability Company JOLIDA LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Hold and manage real estate	
5. State of Formation RI			
6. Principal Office Address P.O. Box 719		City Barrington	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Daniel Lemos		Contact Title Member	
Street Address P.O. Box 719		City Barrington	State RI
		Zip 02806	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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 Daniel Lemos		Date 1/16/2024	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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