

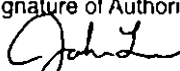


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
MAR 15 AM 11:18:28

Annual Report for the year: 2023  
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.

|                                                                                                                                                                                                                |  |                                                                                                                     |                   |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>001714412                                                                                                                                                                               |  | 2. Exact name of the Limited Liability Company<br>J&T Enterprise LLC                                                |                   |              |
| 3. NAICS Code<br>531120                                                                                                                                                                                        |  | 4. Brief description of the character of business conducted in Rhode Island<br>Owns Commercial Real Estate to lease |                   |              |
| 5. State of Formation<br>RI                                                                                                                                                                                    |  |                                                                                                                     |                   |              |
| 6. Principal Office Address<br>79 Roland Street                                                                                                                                                                |  | City<br>Woonsocket                                                                                                  | State<br>RI       | Zip<br>02895 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                     |                   |              |
| Contact Name<br>John Lynch Jr.                                                                                                                                                                                 |  | Contact Title<br>Managing Member                                                                                    |                   |              |
| Street Address<br>79 Roland Street                                                                                                                                                                             |  | City<br>Woonsocket                                                                                                  | State<br>RI       | Zip<br>02895 |
| 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<br>John Lynch Jr                                                                                                                                                                     |  |                                                                                                                     | Date<br>3/14/2024 |              |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                                     |                   |              |

FILED 1120  
MAR 15 2024  
BY HZHS3

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)