

Annual Report for the year: 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 1746708	2. Exact name of the Limited Liability Company JB's Place, LLC				
3. NAICS Code 722511 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island To own and operate a restaurant, cateering, and all other legally related endeavors				
6. Principal Office Address 588 Wood Street		City Bristol	State RI	Zip 02809	
7. Mailing Address of Limite Contact Name Courtney E	d Liability Company and Name	Contact Title Manage	r		
Street Address 588 Wood Street		City Bristol	State RI	^{Zip} 02809	
8. The Resident Agent infor	mation currently of record with the	ne RI Department of State is ac	curate. Changes require	e filing Form 642.	
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I ha atements contained herein ar	ive examined this report, inci e true and correct.	luding any accompany	ring schedules and	
Name of Authorized Person Courtney B. Poissant			0ate /	0ate 3/5/24	
Signature of Authorized Per	son Pust		//	/ 	

MAIL TO:

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

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