

**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended***Filing Period: February 1 - May 1*

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024**1. ID No.** 000524817**2. Exact Name of the Limited Liability Company** JASWELL FAMILY, LLC**3. State of Formation**State: RI**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity.
Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531190**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**COMPANY OWNS AND LEASES AGRICULTURAL LAND**5. Principal Office Address**No. and Street: 50 SWAN ROADCity or Town: SMITHFIELDState: RIZip: 02917Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 50 SWAN RDCity or Town: SMITHFIELDState: RIZip: 02917Country: USA**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALLISON J. MOLIS 50 SWAN ROAD ESMOND , RI 02917

Signed this 21 Day of May, 2024 at 10:03:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALLISON J MOLIS
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 21, 2024 10:02 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

