



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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  
MAR 04 2025  
BY [Signature]  
[Signature]

|                                                                                                                                                                                                        |  |                                                                                                       |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br><u>0147507</u>                                                                                                                                                                  |  | 2. Exact name of the Limited Liability Company<br>J.A.K. Realty LLC                                   |             |
| 3. NAICS Code<br>531311                                                                                                                                                                                |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate investment |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                  |  |                                                                                                       |             |
| 6. Principal Office Address<br>2295 Diamond Hill Road                                                                                                                                                  |  | City<br>Cumberland                                                                                    | State<br>RI |
|                                                                                                                                                                                                        |  | Zip<br>02864                                                                                          |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                    |  |                                                                                                       |             |
| Contact Name<br>Pauline Khabbaz                                                                                                                                                                        |  | Contact Title<br>Manager                                                                              |             |
| Street Address<br>2295 Diamond Hill Road                                                                                                                                                               |  | City<br>Cumberland                                                                                    | State<br>RI |
|                                                                                                                                                                                                        |  | Zip<br>02864                                                                                          |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                    |  |                                                                                                       |             |
| 9 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. |  |                                                                                                       |             |
| Name of Authorized Person<br>Pauline Khabbaz                                                                                                                                                           |  | Date<br>2/25/25                                                                                       |             |
| Signature of Authorized Person<br><u>Pauline Khabbaz</u>                                                                                                                                               |  |                                                                                                       |             |

## 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)