



**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 24 2025  
 BY *[Signature]*

|                                                                                                                                                                                                                |  |                                                                                                                     |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>000489550</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>JAK Enterprises LLC</b>                                        |                    |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Commercial Real Estate Rental</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                     |                    |
| 6. Principal Office Address<br><b>5 Daisy Street</b>                                                                                                                                                           |  | City<br><b>West Warwick</b>                                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02893</b>                                                                                                 |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                     |                    |
| Contact Name<br><b>Henry Dilibero</b>                                                                                                                                                                          |  | Contact Title<br><b>President</b>                                                                                   |                    |
| Street Address<br><b>5 Daisy Street</b>                                                                                                                                                                        |  | City<br><b>West Warwick</b>                                                                                         | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02893</b>                                                                                                 |                    |
| 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><b>Henry Dilibero</b>                                                                                                                                                             |  | Date<br><b>03/11/2025</b>                                                                                           |                    |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                           |  | <b>3/11/2025</b>                                                                                                    |                    |

**MAIL TO:**

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