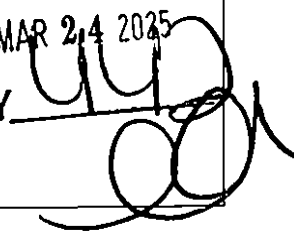


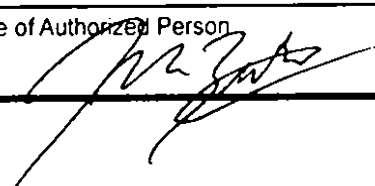


State of Rhode Island  
Department of State - Business Services Division

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 

|                                                                                                                                                                                                         |  |                                                                                                                  |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br>001680126                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>JNJ Realty, LLC                                                |                             |
| 3. NAICS Code<br>531390                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>To invest and manage real estate. |                             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                                  |                             |
| 6. Principal Office Address<br>17 Clover Court                                                                                                                                                          |  | City<br>Cumberland                                                                                               | State<br>RI<br>Zip<br>02864 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                  |                             |
| Contact Name<br>Joseph M. Bento                                                                                                                                                                         |  | Contact Title<br>Manager                                                                                         |                             |
| Street Address<br>17 Clover Court                                                                                                                                                                       |  | City<br>Cumberland                                                                                               | State<br>RI<br>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>Joseph M. Bento                                                                                                                                                            |  | Date<br>3/19/25                                                                                                  |                             |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                                  |                             |

MAIL TO:

Division of Business Services  
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