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State of Rhode Island Department of State - Business Services Division

FILED

Annual Report for the year: 2025

APR 25 2025

Limited Liability Company

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penaity: Additional \$25.00 fee if form is not filed by May 31.

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2. Exact name of the Limited Liability Company JPMC, LLC 3. NAICS Coce 531390 4. Bnef description of the character of business conducted in Rhode Island REAL ESTATE City PAWTUCKET 7. Mailing Address of Limited Liability Company and Name or Title of Centact Person Contact Name JOHN P. MISKOVSKY, M.D. Street Address 131 BEECHWOOD AVENUE 131 BEECHWOOD AVENUE City PAWTUCKET Contact Title Contact Name JOHN P. MISKOVSKY, M.D. City PAWTUCKET Contact Title State RI 2io 02860 City PAWTUCKET State RI 2io 02860 Contact Title 3. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 9. Under panalty of perjury, I declare and affirm that I have examined this raport, including any accompanying schedules are statements, and that all statements contained herein are true and correct. Name of Authorized Person JOHN P. MISKOVSKY, M.D.	-> remaily. Ad-							
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MAIL TO:

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