

## **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.

DEACHTER	
RECEIVED R.I. DEPT. OF STAG BUS SYCS DIV	19 mar

2025 MAY -5 -

1. Entity ID Number 1063627	Exact name of the Limited Liability Company     JOLIDA LLC      Brief description of the character of business conducted in Rhode Island     Hold and manage real estate				
3. NAICS Code 531120					
5. State of Formation RI					
6. Principal Office Address P.O. Box 719		City Barrington	State RI	Zip 02806	
7. Mailing Address of Limite	d Liability Company and Name or Title	of Contact Person			
Contact Name Daniel Lemos		Contact Title Member			
Street Address P.O. Box 719		City Barrington	State RI	<sup>Zip</sup> 02806	
8. The Resident Agent infor	mation currently of record with the RI I	Department of State is accur	rate. Changes require	e filing Form 642.	
Under penalty of perjury,	i declare and affirm that I have exan tatements contained herein are true	nined this report, including			
Name of Authorized Person	1		Date		
Daniel Lemos			4/28	125	
Signature of Authorized Per	son				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov