



State of Rhode Island  
Department of State - Business Services Division

REC'D 2006850  
25 MAY 14 AM 11:52:08

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.

|                                                                                                                                                                                                             |  |                                                                                                                      |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>001719718</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>JBRI Digital, LLC</b>                                           |                        |
| 3. NAICS Code<br><b>518111</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>internet connectivity services</b> |                        |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |  |                                                                                                                      |                        |
| 6. Principal Office Address<br><b>55 Sand Island Lane</b>                                                                                                                                                   |  | City<br><b>Otisfield</b>                                                                                             | State<br><b>ME</b>     |
|                                                                                                                                                                                                             |  | Zip<br><b>04270</b>                                                                                                  |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                      |                        |
| Contact Name<br><b>Corey E. Johnson</b>                                                                                                                                                                     |  | Contact Title<br><b>Manager</b>                                                                                      |                        |
| Street Address<br><b>55 Sand Island Lane</b>                                                                                                                                                                |  | City<br><b>Otisfield</b>                                                                                             | State<br><b>ME</b>     |
|                                                                                                                                                                                                             |  | Zip<br><b>04270</b>                                                                                                  |                        |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 842.                                                                         |  |                                                                                                                      |                        |
| <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>Corey E. Johnson</b>                                                                                                                                                        |  |                                                                                                                      | Date<br><b>4-10-25</b> |
| Signature of Authorized Person<br><i>Corey Johnson</i>                                                                                                                                                      |  |                                                                                                                      |                        |

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2815

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MAY 14 2025  
BY 1254