

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001753477	JG luvestmont, UC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110						
5. State of Formation	Keal State					
RI	1 can suro					
6. Principal Office Address		City	State	Zip		
473 Academy		Providence	R.I.	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Deanette (JUZMan(Yresident				
Street Address 413 Academy	Aup.	Provides as	State C.T.	Zip 02908		
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			Date	1		
Sourotte Guzman			6/10/25			
Signature of Authorized Person Jeanette Guzman						
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 632 - Revised