State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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	2. Exact name of the Limited Liability Company		
001736528	JCS KYVIEW LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
531110	REAL ESTATE OWNERSHIP		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
100 EXCHANGE ST	PROVIDENCE	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
JAMES CERULLO	OWNER		
Street Address	City	State	Zip
655 WASHINGTON ST APT 455	WEYMOUTH	MA	02188

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
JAMES CERULLO	5/7/25
Signature of Authorized Person	

FILED 9:52A
JUN 18 2025
BY FPCH

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov