State of Rhode Island and Providence Plantations  Department of State - Business Services Division					
Department of S	itate - Dusii	iess Service	es Division		
Annual Report for the year: 26/6  Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.					SECRETAL SEP -
1. Entity ID Number	John		Associates		STATE
3. NAICS Code	4. Brief descri	ption of the chara	cter of business conducted in Rho	ode Island	45
5. State of Formation					
6. Principal Office Address H4 () +18 (2 AVE			Providence	State	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Peter		Contact Title President	-		
Street Address 14 Oriole Ave			City Providence	State 7	Zip 02906
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
Citye	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<del>'</del> -	Che	ck the box to indic	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Peter S. Allen Date 08					1/20/6
Signature of Authorized Person  SIGN DOCUMENT HERE					

MAIL TO:

**Division of Business Services** 

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

Website: www.sos.ri.gov

**FILED** 

SEP 07 2016

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