

Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$	25.00 fee If form	is not filed by F	lecember 1			
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
001694657	ı	JEMKCONROY, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island				
531110	Rea1	Real Estate Property				
5. State of Formation	 		opurty			
RI	ļ					
						
. Principal Office Address			City	State	Zip	
100 Old Washington Road			Ridgefield	O.M.	,	
7. Mailing Address of Limited Liability Company and Name or			Title of Contact Person	CT	06877	
Coulect Name			Contact Title			
John V. McCloskey			Esquire			
Street Address 110 Main Street			City	State	Zip	
8. List ALL managers (names and addresses) of the Limited			Wakefield		<u> </u>	
Manager Name	nes and addressa	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
			Manager Name			
Street Address			Street Address			
City	 					
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
			Manager Name			
Street Address			Street Address			
City	State		- 			
<u>-</u>	State	Zip	City	State	Zip	
				Check the house		
9. The Resident Agent info	mation currently	of record with the	e RI Department of State is accu	Check the box to	Indicate an attachment	
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		ined herein are	frue and correct.	g any accompany.	ing schedules and	
Name of Authorized Person				Date		
James E. Conroy				1.1.	1-1-	
Signature of Authorized Pe	ISOD.				4/21	
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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 CDEC 01 2021