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Annual Report for the year: 2022 APR

→ 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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1. Entity ID Number 001675892	2. Exact name of the Limit JABRYFIN, LLC	2. Exact name of the Limited Liability Company JABRYFIN, LLC			
3. NAICS Code 53 1 1 0	1	Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDINGS			
5. State of Formation					
6. Principal Office Address 90 ELM STREET	· · <u>· · · · · · · · · · · · · · · · · </u>	City PROVIDENCE	State RI	Zip 02903	
7. Mailing Address of Limite	ed Liability Company and Name (or Title of Contact Person			
Contact Name ROBERT GAUMONT		Contact Title PRESIDENT			
Street Address 90 ELM STREET		City PROVIDENCE	State RI	^{Zip} 02903	
8. The Resident Agent info	rmation currently of record with the	ne RI Department of State is accurate	e. Changes require	e filing Form 642.	
	I declare and affirm that I have tatements contained herein ar	e examined this report, including a e true and correct.	ny accompanyin	g schedules and	
Name of Authorized Person	ract Gaumorit		Date 3/4/22		
Signature of Authorized	Toon A S				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov