



State of Rhode Island  
Department of State - Business Services Division

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.

**FILED**  
**STAMP**  
**MAR 25 2024**  
BY: *[Signature]*

1. Entity ID Number <b>001675892</b>		2. Exact name of the Limited Liability Company <b>JABRYFIN LLC</b>		
3. NAICS Code <b>53 110</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE HOLDINGS.</b>		
5. State of Formation <b>RI</b>				
6. Principal Office Address <b>90 ELM STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>ROBERT GAUMONT</b>		Contact Title <b>PRESIDENT</b>		
Street Address <b>90 ELM STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. <i>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.</i>				
Name of Authorized Person <b>ROBERT GAUMONT</b>			Date <b>3/1/2024</b>	
Signature of Authorized Person <i>[Signature]</i>				

**MAIL TO:**  
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