

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 143187	2. Exact na AJJ RE	2. Exact name of the limited liability company AJJ REALTY, LLC				
3. State of Formation	4. Brief des PROPE	scription of the chara	cter of business conducted in Rhod IENT	e Island		
5. Principal office address 196 CREST DRIVE			City PAWTUCKET	State RI	Zip 02861	
	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name MARK MAJKUT			Contact Title PRESIDENT			
Street Address 196 CREST DRIVE			PAWTUCKET	State RI	Zip 02861	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI	(NAMES AND AD HMENT)	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	J	<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND	· · · · · · · · · · · · · · · · · · ·				
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require f	Hing Form 642.		
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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.

03/31/2015

Signature of Authorized Person

Date

MARK MAJKUT PRESIDENT

Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

File Date

Check No ___