



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
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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. 143077		2. Exact name of the limited liability company CEJ SERIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ACCOMODATION: BED AND BREAKFAST	
5. Principal office address 111 MEMORIAL BOULEVARD WEST		City NEWPORT	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHESTER JAKUBOWSKI		Contact Title TAX MATTERS PARTNER	
Street Address 41 CONVERSE AVENUE		City NEWTON	State MA
		Zip 02458	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name CHESTER JAKUBOWSKI		Manager Name	
Street Address 41 CONVERSE AVENUE		Street Address	
City NEWTON	State MA	Zip 02458	City NEWTON
			State MA
			Zip 02458
Manager Name ELIZABETH JAKUBOWSKI		Manager Name	
Street Address 41 CONVERSE AVENUE		Street Address	
City NEWTON	State MA	Zip 02458	City NEWTON
			State MA
			Zip 02458
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

MAY 04 2015

BY

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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.

Chester Jakubowski
Signature of Authorized Person

4/28/15
Date

CHESTER JAKUBOWSKI

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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