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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 2015

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	State	Zip
Manager Name **ELIZABETH JAKUBOWSKI**			Manager Name		
Street Address **41 CONVERSE AVENUE**			Street Address		
City **NEWTON**	State **MA**	Zip **02458**	City	State	Zip

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 2913

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 ✓ 4/28/15
Signature of Authorized Person Date

CHESTER JAKUBOWSKI
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
120504-2-1011461