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