



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

AMENDED

## 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.<br><b>000148462</b>                                                                                                                               |       | 2. Exact name of the limited liability company<br><b>VJR, LLC</b>                                                 |                                           |
| 3. State of Formation<br><b>RI</b>                                                                                                                                 |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>truck hauling (moving dirt)</b> |                                           |
| 5. Principal office address<br><b>100 Simmonsville Avenue</b>                                                                                                      |       | City<br><b>Johnston</b>                                                                                           | State<br><b>RI</b><br>Zip<br><b>02919</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |       |                                                                                                                   |                                           |
| Contact Name<br><b>Vincent Russo</b>                                                                                                                               |       | Contact Title<br><b>owner</b>                                                                                     |                                           |
| Street Address<br><b>100 Simmonsville, Avenue</b>                                                                                                                  |       | City<br><b>Johnston</b>                                                                                           | State<br><b>RI</b><br>Zip<br><b>02919</b> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                   |                                           |
| Manager Name                                                                                                                                                       |       | Manager Name                                                                                                      |                                           |
| Street Address                                                                                                                                                     |       | Street Address                                                                                                    |                                           |
| City                                                                                                                                                               | State | Zip                                                                                                               | City                                      |
| Manager Name                                                                                                                                                       |       | Manager Name                                                                                                      |                                           |
| Street Address                                                                                                                                                     |       | Street Address                                                                                                    |                                           |
| City                                                                                                                                                               | State | Zip                                                                                                               | City                                      |
| 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.                                                  |       |                                                                                                                   |                                           |

11:47 AM  
**FILED**

NOV 09 2015

By VJR

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.

Vincent J. Russo

Signature of Authorized Person

11/04/2015

Date

**Vincent J. Russo**

Print or Type Name of Authorized Person