

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 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. 55 669 | | Exact name of the limited liability company CJB Accounting Services LLC Brief description of the character of business conducted in Rhode Island Accounting and Tax return services | | | | |
|--|-------------------------|--|--|----------------|--|--|
| 3. State of Formation | 4. Brief des Account | | | | | |
| 5. Principal office address 2080 Mineral Spring Ave | | | City North Providence | State RI | Zip 02911 | |
| Contact Name Christopher Buco | | | Contact Title Member | | | |
| Street Address 2080 Mineral Spring Ave | | | City North Providence | State RI | Zip 02911 | |
| | | | | | | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
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| his information is currenti | y of record in the | Office of the Secr | etary of State. Changes require filing | Form 642. | ay an en en agitus il an extendente victorial (S | |

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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.

10/31/2015

Signature of Authorized Person

Date

Member

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012