

## 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

Filling 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.

Total D. D.											
1. Entity ID No.		e of the limited liab									
74092	8   Ci	CDJ Holdings LLC									
3. State of Formation	4. Brief descr	iption of the charac	ter of business conducted in R	hode Island	<u> </u>						
RI		LESTATE	· -								
	ybossit s	st	Provider	Providence State Zip D20							
6. MAILING ADDRESS	OF LIMITED LIABILITY	COMPANY AND	CANIE OF CONTAC	TPERSON:							
Ahmad Ahmad	A Garo	Kani	Contact Title Sole	Sole member							
Street Address We	Ybosset	st	Provdino	State	Zip 02903						
7. LIST <u>ALL</u> MANAGEI ("X" BOX FOR ATTA	RS (NAMES AND ADDI CHMENT) [_]	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>Do</u> N	OT LIST MEMBERS						
Manager Name			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	Street Address							
City	State	Zip	City	State	Zip						
8. RESIDENT AGENT II					eringan den artikan berang						
This information is cur	rently of record in the	Office of the Secr	etary of State. Changes requ	re filing Form 642.							
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			Under penalty of a	periury. I declare and affire	n that I have examined						

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RS					

Form No. 632 Revised: 01/2012 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.

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Signature of Authorized Rerson

Date

Ahma A Gura Zani

Print or Type Name of Authorized Person