

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. 803124	2. Exact na BJK Re	2. Exact name of the limited liability company BJK Realty, LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island Rental Real Estate				
5. Principal office address 1600 Flat River Rd			City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON		
Contact Name Jacqueline J. Grace			Contact Title Member			
Street Address 1600 Flat River Rd			City Coventry	State RI	Zip 02816	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBER	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. RESIDENT AGENT IN R						
			etary of State. Changes require			

File Date		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
	MAR 2.5 2845	and that all statements contained herein are true and correct.
Check No	169-01 C J (0) 0	1: 1 an 3/22/11
· · · · · · · · · · · · · · · · · · ·	MIL 1. Of	Hacquelene + Thank 3/23/16
By:	\mathcal{A}	Signature of Authorized Person Date
5 V	1/1/4/V/V	
FOR SECRETARY OF STATE USE ONLY		TACQUELINE J. GRACE
성 [16] - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012