

STAMP

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
 → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
546903	O & J, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
5.7	Real Estate Holding Company						
- J'							
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
450 North Broadway			East Providence	RI	02914		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name John E. Deaton			Contact Title Member				
Street Address 450 North Broadway			City East Providence	State RI	^{Zip} 02914		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
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		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person				Date			
John E. Deaton							
Signature of Authorizant Person SIGN DOCUMENT HERE							
MITTE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED