

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2016 SEP 28 AM 10: 01

Annual Report for the year: 20/6
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				
538921	CAJP Realty L.L.C.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53	0 . = 11 1111.				
5. State of Formation	Real Estate Holdings				
R.T.					2016 R.I.
6. Principal Office Address			City	State	<b>2</b> 5 H 3
85 Hawthorne Ave			WARNick	R.I	102886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jonathan S. Pratt			Contact Title Mcacrer		N S IN S
Street Address 85 Hawthorne Ave			City WARNICK	State R II	502886
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
			Che	ck the box to indi	icate 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	
Jonathan S. Pratt 9/20/16					
Signature of Authorized Person.  SIGNLDOCUMENT HERE					

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** 

OCT 04 2016

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