

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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.

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2015 OCT 31 Pii 2: 30

1. Entity ID Number	2. Exact nam	e of the Limited L	ishility Company			
135108	Exact name of the Limited Liability Company     SJC Holdings, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	Real Estate Acquisition and Holdings					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
7 Gilbert Street			Providence	RI	Q2909	
7. Mailing Address of Limited Lia	bility Company	and Name or Titl	e of Contact Person		and the second s	
Contact Name Jeffrey Corey			Contact Title		9 555	
Street Address 7 Gilbert Street			City Providence	State RI	<sup>Zhp</sup> 02909	
8. List ALL managers (names an	d addresses)	of the Limited Liab	oility Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS 40	
Manager Name			Manager Name		ATE	
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	d. This informati	on is currently of rec	ord with the Department of Sta	te. Changes require filing	g 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		
Jeffrey Corey				10	12010	
Signature of Authorized Person SIGN DOCUMENT 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

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By 287399