	State of Rhode Island and Providence Plantations	e: \$50
	Office of the Secretary of State	
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
mited Liabilit	ty Company	
nnual Report	t	
ling Period: Septe	rember 1 - November 1	
	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- ject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2016</u>	
1. ID No. <u>000</u>	0148856	
2. Exact Name o	of the Limited Liability Company <u>CAJA, LLC</u>	
3. State of Form	nation	
State: <u>RI</u>		
	ARTICLE III	
Using the following	ARTICLE III og NAICS codes, please select the code that best describes your business.	
Using the following	ng NAICS codes, please select the code that best describes your business.	
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NAICS Code 4. Brief Descripti REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: No. and Street: City or Town:	ion of the Character of the Business Which is Actually Conducted in Rhode Isl BUYING, SELLING AND MANAGEMENT ie Address <u>68 SUMTER STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>US</u> iss of Limited Liability Company and Name or Title of Contact Person: Contact Title: <u>68 SUMTER STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>US</u> iss of Limited Liability Company and Name or Title of Contact Person: Contact Title: <u>68 SUMTER STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>US</u> iss of Each Manager of the Limited Liability Company, if Applicable.	<u>A</u>
NAICS Code 4. Brief Descripti REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: No. and Street: City or Town: 7. Name and Add	ion of the Character of the Business Which is Actually Conducted in Rhode Isl BUYING, SELLING AND MANAGEMENT ie Address <u>68 SUMTER STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>US</u> iss of Limited Liability Company and Name or Title of Contact Person: Contact Title: <u>68 SUMTER STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>US</u> iss of Limited Liability Company and Name or Title of Contact Person: Contact Title: <u>68 SUMTER STREET</u> <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02907</u> Country: <u>US</u> iss of Each Manager of the Limited Liability Company, if Applicable.	<u>A</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TODD E. MCNAMARA, ESQ. 1177 GREENWICH AVENUE WARWICK, RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 7 Day of January, 2017 at 12:11:02 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>EJPEREZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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