	State of Rhode Island and Office of the Sec			S Fee: \$50
	Division Of Bus 148 W. Riv Providence RI	ver Street		
HOPE	(401) 222			
imited Liability Cor Annual Report				
n accordance with R.I.G.L	7-16-66(d), each limited liability hin thirty (30) days after the time p			
ANNUAL REPORT YEAR				
1. ID No. <u>00079521</u>	4			
2. Exact Name of the L	imited Liability Company <u>CJD</u>	REALTY, LI	<u></u>	
3. State of Formation				
State: <u>RI</u>				
	ARTICLE	III		
Using the following NAIC	S codes, please select the code t	hat best descril	bes your busine	ess.
NAICS Code			6	<u>53</u>
	he Character of the Business W REAL ESTATE AND ANY OT			
5. Principal Office Addr				-
	<u>SOUTH COUNTY TRAIL</u> Γ <u>GREENWICH</u>	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of L	imited Liability Company and N	lame or Title o	of Contact Per	son:
No. and Street: 2850	J. DELFINO, CPA Contact Title: SOUTH COUNTY TRAIL	MEMBER		
City or Town: EAS	<u>GREENWICH</u>	State: <u>RI</u>	Zip: <u>02818</u>	
	of Each Manager of the Limited	Liability Com	pany, if Applic	cable.
7. Name and Address o DO NOT LIST MEMBE				

DONALD M. GREGORY, II ESQ. 7630 POST ROAD NORTH KINGSTOWN, RI 02852

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

**Signed this 25 Day of April, 2017 at 11:55:10 AM 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 CRAIG J. DELFINO

Signature of Authorized Person

Form No. 632 Revised 09/07

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