



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2017 SEP -5 AM 10:50

Annual Report for the year: 2017  
 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 <b>150844</b>		2. Exact name of the Limited Liability Company <b>DJ. Providence Co. LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>McDonald's Restaurant</b>			
5. Principal Office Address <b>100 Weymouth ST G-1 Rear</b>		City <b>Rockland</b>	State <b>MA</b>	Zip <b>02370</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Anna Bowers</b>			Contact Title <b>Office Manager</b>		
Street Address <b>100 Weymouth ST Unit G-1</b>		City <b>Rockland</b>	State <b>MA</b>	Zip <b>02370</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Joseph Napoli</b>		Manager Name			
Street Address <b>100 Weymouth ST G-1</b>		Street Address			
City <b>Rockland</b>	State <b>MA</b>	Zip <b>02370</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Anna Bowers</b>				Date <b>9.1.2017</b>	
Signature of Authorized Person 					

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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