



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

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 <u>794870</u>		2 Exact name of the Limited Liability Company <u>RJD Holdings LLC</u>	
3 NAICS Code <u>531110</u>		4 Brief description of the character of business conducted in Rhode Island	
5 State of Formation <u>RI</u>		<u>real estate</u>	
6 Principal Office Address <u>50 Adirondack Dr</u>		City <u>East Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jo Ann Mac Millan</u>		Contact Title <u>Manager</u>	
Street Address <u>50 Adirondack Dr</u>		City <u>East Greenwich</u>	State <u>RI</u>
		Zip <u>02818</u>	
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Jo Ann Mac Millan</u>		Manager Name <u>David Mac Millan</u>	
Street Address <u>50 Adirondack Dr</u>		Street Address <u>50 Adirondack Dr</u>	
City <u>East Greenwich</u>	State <u>RI</u>	City <u>East Greenwich</u>	State <u>RI</u>
Zip <u>02818</u>		Zip <u>02818</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
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 <u>Jo Ann Mac Millan</u>		Date <u>9/12/17</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

SEP 15 2017

BY 359 DS

MAIL TO:
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