| 1 | |
|-------|----|
| (| - |
| سسفنا | ô, |

RI SOS Filing Number: 201751832050 Date: 10/18/2017 4:00:00 PM

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|--|----------------------|
| Annual Report for the year: ²⁰¹⁷ | \$ 1 9 |
| Limited Liability Company | |
| → Filing period: September 1 - November 1 | ~ |

| | | | | | | | | |
|--|--------------------------|------------------------|-------------------------------|--------------------|------------------------|--|--|--|
| 1. Entity ID Number | | ame of the Limited Lia | ability Company | | I | | | |
| 870016 | S.J. & G, L | S.J. & G, LLC | | | | | | |
| 3. NAICS Code | 4. Brief des | cription of the chara | cter of business conducted in | n Rhode Island | | | | |
| <u>531110</u> | 4 | Real Estate | | | | | | |
| 5. State of Formation | 1 | | | | | | | |
| RI | | | | | 1 | | | |
| 6. Principal Office Address | | | City | State | Zip | | | |
| 577 Smithfield Avenue | | | Pawtucket | RI | 02863 | | | |
| | | | | | 02000 | | | |
| 7. Mailing Address of Limited Lial | bility Compar | лу and Name or Title | | | | | | |
| Contact Name George Bazerji | | | Contact Title Sole Member | | | | | |
| Street Address 176 Central Avenu | ue | | City Central Falls | State RI | ^{Zip} 02863 | | | |
| 8. List ALL managers (names an | nd addresses |) of the Limited Liabi | ility Company, IF APPLICABL | LE - DO NOT LIST ! | MEMBERS | | | |
| Manager Name | anager Name Manager Name | | | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zıp | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zıp | City | State | Zip | | | |
| | | | | Check the box to i | indicate an attachment | | | |
| 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 | | | | Date | - - | | | |
| George Bazerji | | | | 10/13/2017 | | | | |
| Signature of Authorized Person | n | SIGN DOC | CUMENT 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

OCT 18 2017 & BY 3631