s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
<b>1. ID No.</b> <u>001666932</u>			
2. Exact Name of the Limited Liability Company <u>CJC CONSULTANTS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
LEGAL NURSE CONSULTING			
5. Principal Office Addres	SS		
	VINE STREET ST PROVIDENCE State:	<u>RI</u> Zip: <u>02914</u> Count	ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: CAROL CRUTCHFIELD Contact Title:   No. and Street: 111 VINE STREET   City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip (	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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

<u>CAROL CRUTHFIELD</u> <u>111 VINE STREET</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 22 Day of November, 2017 at 9:18:14 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 CAROL CRUTCHFIELD

Signature of Authorized Person

Form No. 632 Revised 09/07

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