RI SOS Filing Number: 201753825230 Date: 11/22/2017 11:37:00 AM

State of Rhode Island a	and Providence F	Plantations			
Department of State - Business Services Division					
Annual Report for the year: 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 2. Exact name of the Limited Liability Company					R.J. DEFT. (BUS BVC
000562295		15 by		ey; L	LUZ SHE
3. NAICS Code 454110 5. State of Formation	Design, Rebut, wholesalo.				
6. Principal Office Address TMEAN RO			City Newport	State	^{zip} 2840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Camilla Bradley			Contact Title Ou nex		
Street Address > Meran Rd			City Neupara	State 21	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST I					
Manager Name Cam Ill	a Br	adley	Manager Name		
Street Address Merton Rd			Street Address		
cin Neupar	State	282840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Che	ck the box to ind	licate 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 Camilla Bradley Date 11/17/17.					
Signature of Authorized Person					
	11:37 FILED				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 2 2 2017

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