RI SOS Filing Number: 201859406270 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not ¿led by April 1.

1. Entity ID Number	2. Exact name of the Corporation
001838362	BJD Partnership INC.

3. Principal O□ce Address	City	State	Zip
45 Narragansett Ave.	Jamestown	RI	02835

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
511199	Telephone directory
5. State of Incorporation: RI	

7. List ALL o□cers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jon Newcomb	Robert Berzut
Street Address: P.O. Box 179	Street Address: 4 Thorpe Lane
City: Block Island; State: RI; Zip: 02807	City: Richmond; State: RI; Zip: 02892
Secretary Name: Robert Berzut	Treasurer Name
Street Address: 4 Thorpe Lane	Street Address
City: Richmond; State: RI; Zip: 02892	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional ¿ling.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and a□ rm 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 Representative	Date
Robert Berzut	2/26/18

Signature of Authorized Representative: SIGN HERE

FILED

FEB 28 2018

BY 1003.05

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017