

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 <b>122978</b>		2. Exact name of the Limited Liability Company C.J. SHADOIAN FAMILY LIMITED LIABILITY COMPANY					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island					
53 13 11	Real estate	Real estate management.					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
75 Foster Center Road			Foster	RI	02825		
7. Mailing Address of Limite	ed Liability Compar	ny and Name or Tit					
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney				
Street Address 50 Park Row West, Suite 111			City Providence	State RI	<sup>Zip</sup> 02903		
8. List ALL managers (nan	nes and addresses	) of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name Charles J. Shadoian, Jr.		Manager Name					
Street Address 75 Foster Center Road		Street Address					
City Foster	State RI	Zip 02825	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		<u>.                                    </u>		Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This inform	ation is currently of re	ecord with the Department of Sta	ate. Changes require fili	ng Form 642.		
Under penalty of perjury, statements, and that all s			amined this report, including and correct.	ng any accompanyii	ng schedules and		
Name of Authorized Perso	n			Date	0 1 10		
Charles J. Shadoian, Jr.		,		June	8,20/8		
Signature of Authorized Pe	erson Sulle	W. The	Soly-NT-IERE	June Tustee	(		

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**JUN 2 0 2018