RI SOS Filing Number: 201876137720 Date: 8/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 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.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|---|--|--|-----------------------|----------------------|--|
| 001445460 | DJC, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531390 | MANAGING REAL ESTATE | | | | | |
| 5. State of Formation | 1 | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 59 SOUTH STREET | | | LINCOLN | RI | 02865 | |
| 7. Mailing Address of Limited Lia | bility Company | y and Name or Ti | tle of Contact Person | | | |
| Contact Name PATRICK T. CONLEY, ESQ. | | | Contact Title AGENT | | | |
| Street Address 1445 WAMPANOAG TRAIL, SUITE #203 | | | City EAST PROVIDENCE | State RI | ^{Zip} 02915 | |
| 8. List ALL managers (names a | nd addresses) | of the Limited Lia | bility Company, IF APPLICABLE | - DO NOT LIST I | MEMBERS | |
| Manager Name DANIELLE R. FLAXINGTON | | | Manager Name | | | |
| Street Address 59 SOUTH STREET | | | Street Address | | | |
| City LINCOLN | State RI | Z _{IP} 02865 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Islan | nd. This informat | tion is currently of r | ecord with the Department of State. | Changes require filir | ng Form 642 | |
| Under penalty of perjury, I dec statements, and that all states | lare and affirments contain | n that I have exa ed herein are tru | amined this report, including a ie and correct. | ny accompanyin | g schedules and | |
| Name of Authorized Person | | | | Dale | | |
| PATRICK T. CONLEY, | | | AUGUST 21, 2018 | | | |
| Signature of Authorized Person Signature of Authorized Person | | | | | | |
| atest Sice Poculary HERE | | | | | | |
| | ١. | | • | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

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