

RECEIVED DECRETARY OF STATE CORPORATIONS D.V

2019 APR 12 PM 3: 34

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.

1. Entity ID Number 816624	i i	2. Exact name of the Limited Liability Company DJAR LLC				
3. NAICS Code (a// 3 / 6) 5. State of Formation RHODE ISLAND	1	Brief description of the character of business conducted in Rhode Island EDUCATION				
6. Principal Office Address			City	State	Zip	
77 WARWICK AVE. FL. 3, APP. 3			CRANSTON	RI	02905	
7. Mailing Address of Limit	ed Liability Compa	ny and Name o		· · · · ·	•	
Contact Name NEDJATI IOZVAN			Contact Title MANAGER			
Street Address 77 WARWICK AVE. FL. 3, APP. 3			City CRANSTON	State RI	^{Zip} 02905	
8. List ALL managers (nan	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	Stale	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	e Island. This inform	nation is currently	of record with the Department of Sta	ite. Changes require fil	ing Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including true and correct.	g any accompanyi	ng schedules and	
Name of Authorized Person				Date		
NEDJATI IOZVAN				04.12.2019		
Signature of Authorized Pe	erson	lundo	IN DOCUMENT HERE			

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

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