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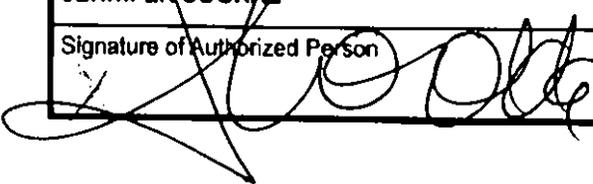
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2019 SEP 27 P 3:43
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Annual Report for the year: 2019
Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

- 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 1672852		2. Exact name of the Limited Liability Company SCOJEN LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island OWNER OF REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI	Zip 02865	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOSEPH RAHEB			Contact Title ATTORNEY		
Street Address 650 WASHINGTON HWY., SUITE 200		City LINCOLN	State RI	Zip 02865	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name JENNIFER COOKKE		Manager Name			
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE 401		Street Address			
City LINCOLN	State RI	Zip 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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person JENNIFER COOKKE			Date 8/29/19		
Signature of Authorized Person 			SIGN 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

SEP 27 2019
BY BRK6YZ