RI SOS Filing Number: 201927482030 Date: 11/12/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**



2019 NOV 12 PM 2: 50

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Annual Report for the year: 2019 **Limited Liability Company** 

<ul> <li>→ Filing period: Septen</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$2</li> </ul>	mber 1 - November 1 25.00 fee if form is not filed b	y December 1.	_					
1. Entity ID Number 140893		Exact name of the Limited Liability Company     L.J.B. REALTY, LLC      4. Brief description of the character of business conducted in Rhode Island     Management of real estate						
3. NAICS Code 531311								
5. State of Formation RI								
6. Principal Office Address		City	State	Zip				
176 Child Street, P.O. Box 296		Warren	RI	02885				
7. Mailing Address of Limite	ed Liability Company and Nam	ie or Title of Contact Person						
Contact Name Jeanne Motta		Contact Title Member	Contact Title Member					
Street Address P.O. Box 296		City Warren	State RI	Zip <b>02885</b>				
8. List ALL managers (nan	nes and addresses) of the Lim	ited Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS				
Manager Name		Manager Name	Manager Name					

						<u>L</u>		
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	S	State	Zip		
				Check	the box to i	ndicate an atta	chment	

City

Street Address

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person

Jeanne Motta

Street Address

City

State

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Signature of Authorized Per

MAIL TO:

**Division of Business Services** 

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

WILLEY

State

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Phone: (401) 222-3040 Website: www.sos.ni.gov FILED

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