| s   | tate of Rhode Island and Pro<br>Office of the Secreta               |  | Fee: \$50.00     |
|---|---|--|------------------|
|   | Division Of Business  | Services                                       |                  |
| 148 W. River Street<br>Providence RI 02904-2615                     |   |  |                  |
| (401) 222-3040  |   |  |                  |
| imited Liebility Com  | nonv  |  |                  |
| Limited Liability Com<br>Annual Report                              | pany  |  |                  |
| Filing Period: September 1  | - November 1  |  |                  |
|   | 7-16-66(d), each limited liability com                              |  |                  |
| o file its annual report with<br>16-66(b&c)) is subject to a        | in thirty (30) days after the time presc<br>penalty fee of \$25.00. | ribed by law (R.I.G.L. 7-                      |                  |
| ANNUAL REPORT YEAR:   | <u>2019</u>   |  |                  |
| <b>1. ID No.</b> <u>00168343</u>                                    | 5   |  |                  |
| 2. Exact Name of the Limited Liability Company <u>MJ Homes, LLC</u> |   |  |                  |
| 3. State of Formation   |   |  |                  |
| State: <u>MA</u>  |   |  |                  |
|   | ARTICLE III   |  |                  |
| Enter the six digit NAICS (   | Code that best describes the primary                                | husiness conducted by the entity               |                  |
| -   | e information on <u>NAICS</u> can be found                          |  | y. Download      |
| <u>531390</u>   |   |  |                  |
| 4 Brief Description of th   | e Character of the Business Which                                   | n is Actually Conducted in Rho                 | ode Island       |
|   |   |  |                  |
| BUY, SELL AND INVE  | EST IN REAL PROPERTY  |  |                  |
| 5. Principal Office Addre   | SS  |  |                  |
| No. and Street: 431 S   | PRINGFIELD STREET   |  |                  |
|   |   | ate: <u>MA</u> Zip: <u>01001</u> Cour          | ntry: <u>USA</u> |
| 6 Mailing Address of Liu  | nited Liability Company and Name                                    | or Title of Contact Person:                    |                  |
| -   |   |  |                  |
| Contact Name: Contact No. and Street: 431 SI                        | PRINGFIELD STREET   |  |                  |
| City or Town: AGAW  |   | ate: <u>MA</u> Zip: <u>01001</u> Cour          | ntry: <u>USA</u> |
| 7. Name and Address of<br>DO NOT LIST MEMBE                         | Each Manager of the Limited Liab                                    | pility Company, if Applicable.                 |                  |
| <b>7</b> 941.   | In all of the state   | <b>.</b>                                       |                  |
| Title   | Individual Name<br>First, Middle, Last, Suffix                      | Address<br>Address, City or Town, State, Zip C | ode, Country     |
| MANAGER   | VITALY DZHENZHERUKHA  | 431 SPRINGFIELD ST<br>AGAWAM, MA 01001 US      | REET             |

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ADAM H. THAYER, ESQ. 130 BELLEVUE AVENUE NEWPORT , RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 2 Day of December, 2019 at 2:36:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By VITALY DZHENZHERUKHA

Signature of Authorized Person

Form No. 632 Revised 09/07

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