



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

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

2020 JAN 27 PH 2: 14

- 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<br><u>001074785</u>   |       | 2. Exact name of the Limited Liability Company<br><u>NJC Enterprises LLC</u>                              |                                |                          |                     |
| 3. NAICS Code<br><u>531311</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Property Management</u> |                                |                          |                     |
| 5. State of Formation<br><u>RZ</u>  |       |   |                                |                          |                     |
| 6. Principal Office Address<br><u>242 Middle St</u>   |       |   | City<br><u>Pawtucket</u>       | State<br><u>RZ</u>       | Zip<br><u>02860</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                |                          |                     |
| Contact Name<br><u>Nathaniel Landi</u>  |       |   | Contact Title<br><u>Member</u> |                          |                     |
| Street Address<br><u>242 Middle St</u>  |       |   | City<br><u>Pawtucket</u>       | State<br><u>RZ</u>       | Zip<br><u>02860</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                                |                          |                     |
| Manager Name  |       |   | Manager Name                   |                          |                     |
| Street Address  |       |   | Street Address                 |                          |                     |
| City  | State | Zip   | 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  |       |   |                                |                          |                     |
| <b>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.</b> |       |   |                                |                          |                     |
| Name of Authorized Person<br><u>Nathaniel Landi</u>   |       |   |                                | Date<br><u>1-27-2020</u> |                     |
| Signature of Authorized Person<br><u>[Signature]</u>  |       |   |                                |                          |                     |

**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** ✓

**JAN 27 2020**

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