



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 001337040		2. Exact name of the limited liability company TDF DJ'S, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island ENTERTAINMENT/PROMOTIONS (541890)			
5. Principal office address 36 DERBYSHIRE DRIVE		City CRANSTON	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEREMY BRAZA			Contact Title PRESIDENT		
Street Address 36 DERBYSHIRE DRIVE		City CRANSTON	State RI	Zip 02921	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JEREMY BRAZA			Manager Name		
Street Address 36 DERBYSHIRE DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

MAY 27 2020

BY KL FNTYN

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 MAY 27 PM 2:49

001337040

File Date	_____
Check No	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person

5/24/19  
Date

JEREMY BRAZA

Print or Type Name of Authorized Person