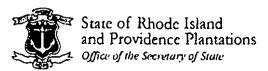
RI SOS Filing Number: 202040985510 Date: 5/27/2020 2:51:00 PM



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 2018

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 (bcts)) is subject to a penalty fee of \$25.00.

| 7. ID No.<br>001337040   |            | name of the limited liability company  OJ'S, LLC |   |  |                         |                         |  |
|--|------------|--|---|--|-------------------------|-------------------------|--|
| 3. State of Permatton 4. Hird description of the character of the hit ENTERTAINMENT/PROMOTIC |            |  | ones which is actually conducted in Rhode Island (541890) |  |                         |                         |  |
| 5. Principal office address 36 DERBYSHIRE DRIVE  |            |  |   | CRANSTON   | State<br>RI             | <sup>ፖ</sup> ም<br>02921 |  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA<br>Contact Name<br>JEREMY BRAZA       |            |  |   | ME OR TITLE OF CONTACT PERSON:  Comtact Title  PRESIDENT |                         |                         |  |
| Since Address 36 DERBYSHIRE DRIVE  |            |  |   | CRANSTON   | State<br>RI             | ир<br>02921             |  |
| 7. NAME AND ADDE   | RESS OF    |  |   | LIABILITY COMPANY, IF API<br>TATTACHMENTS ("X" BOX F     |                         | LIST MEMBERS            |  |
| Manuser Name JEREMY BRAZA  |            |  |   | Manager Name   | Manager Name            |                         |  |
| Sing Address 36 DERBYSHIRE DRIVE   |            |  |   | Street Address   | Street Address          |                         |  |
| CRANSTON   |            | State<br>RI                                      | 24p<br>02921  | Cir  | State                   | ZIP                     |  |
| Mänager Name   |            |  |   | Manager Name   | Manager Name            |                         |  |
| Street Address   |            |  |   | Street Address   | Street Address          |                         |  |
| City   |            | State  | Ziji  | СПу  | State                   | Ζφ                      |  |
| R. RESIDENT AGENT  |            |  |   |  |                         | •                       |  |
| This information is cur  | rrently of | record in the                                    | Office of the Secretary of                                | State. Changes require filing of                         | Form 642 - R.I.G.L. 7-1 | <del> </del>            |  |
|  |            |  |   |  | 0:00                    | •                       |  |

FILED 2

MAY 2 7 2020

BY KL FNTYN

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

R.I. DEPT. OF STATE BUS SVCS DIV

001337040

| Like Date                       |
|---------------------------------|
| Chesk No                        |
| B                               |
| 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 hearin are true and correct |
| centained flexain are true and correct   |

Signature of Authorized Person

**JEREMY BRAZA** 

Print or Type Name of Authorized Person