	State of Rhode I Office of the Secreta		Fee: \$50.0
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	0	
₋imited Liability Co Annual Report			
Filing Period: September			
o file its annual report w	<i>.L.</i> 7-16-66(d), each limited liability comp ithin thirty (30) days after the time prescri a penalty fee of \$25.00.		
ANNUAL REPORT YEA	<b>R</b> : <u>2019</u>		
1. ID No. <u>0006962</u>	245		
2. Exact Name of the	Limited Liability Company <u>THE JOC</u>	DNJUH CO., LLC	
3. State of Formation			
Stata: DI			
State: <u>RI</u>			
	ARTICLE III	usiness conducted	by the entity. Download
Enter the six digit NAIC	<b>ARTICLE III</b> S Code that best describes the primary b lore information on <u>NAICS</u> can be found o		by the entity. Download
Enter the six digit NAIC the list of codes <u>here.</u> M <u>696245</u>	S Code that best describes the primary b	online.	
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Enter the six digit NAIC the list of codes <u>here.</u> M <u>696245</u> <b>4. Brief Description of</b> <u>GENERAL BUSINES</u> <b>5. Principal Office Add</b> No. and Street: <u>6</u> City or Town: <u>1</u> <b>6. Mailing Address of</b> Contact Name: <u>CHAR</u> No. and Street: <u>64</u>	S Code that best describes the primary blore information on <u>NAICS</u> can be found on the <b>Character of the Business Which</b> SS  Aress  A EAGLE STREET  PROVIDENCE  Limited Liability Company and Name  CLES TATE Contact Title: <u>VP</u>	zip: <u>02909</u>	cted in Rhode Island Country: <u>USA</u>
Enter the six digit NAIC the list of codes <u>here.</u> M <u>696245</u> <b>4. Brief Description of</b> <u>GENERAL BUSINES</u> <b>5. Principal Office Add</b> No. and Street: <u>6</u> City or Town: <u>1</u> <b>6. Mailing Address of</b> Contact Name: <u>CHAR</u> No. and Street: <u>64</u> City or Town: <u>P</u>	S Code that best describes the primary blore information on <u>NAICS</u> can be found of the <b>Character of the Business Which</b> SS         the Character of the Business Which         SS         dress         54 EAGLE STREET         PROVIDENCE         State: RI         Limited Liability Company and Name         ELES TATE Contact Title: VP         4 EAGLE STREET         ROVIDENCE         State: RI         Imited Liability Company and Name         ELES TATE Contact Title: VP         4 EAGLE STREET         ROVIDENCE       State: R         of Each Manager of the Limited Liability	zip: <u>02909</u> or Title of Contact	cted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
Enter the six digit NAIC the list of codes <u>here.</u> M <u>696245</u> <b>4. Brief Description of</b> <u>GENERAL BUSINES</u> <b>5. Principal Office Add</b> No. and Street: <u>6</u> City or Town: <u>1</u> <b>6. Mailing Address of</b> Contact Name: <u>CHAF</u> No. and Street: <u>64</u> City or Town: <u>P</u> <b>7. Name and Address</b>	S Code that best describes the primary blore information on <u>NAICS</u> can be found of the <b>Character of the Business Which</b> SS         the Character of the Business Which         SS         dress         54 EAGLE STREET         PROVIDENCE         State: RI         Limited Liability Company and Name         ELES TATE Contact Title: VP         4 EAGLE STREET         ROVIDENCE         State: RI         Imited Liability Company and Name         ELES TATE Contact Title: VP         4 EAGLE STREET         ROVIDENCE       State: R         of Each Manager of the Limited Liability	zip: <u>02909</u> or Title of Contact Zip: <u>02909</u>	cted in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## CHARLES G TATE JR 64 EAGLE STREET PROVIDENCE, RI 02909

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

**Signed this 25 Day of July, 2020 at 11:01:20 AM 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 <u>CHARLES TATE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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