



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001246137

**2. Exact Name of the Limited Liability Company** HERFF JONES, LLC

**3. State of Formation**

State: IN

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

339999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MANUFACTURE & SALE OF GOODS.

**5. Principal Office Address**

No. and Street: 4501 WEST 62ND STREET

City or Town: INDIANAPOLIS

State: IN

Zip: 46268

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 4501 WEST 62ND STREET

City or Town: INDIANAPOLIS

State: IN

Zip: 46268

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ADAM BLUMENFELD	4625 W 62ND ST INDIANAPOLIS, IN 46268 USA
MANAGER	BURTON D BRILLHART	4625 W 62ND ST

		INDIANAPOLIS, IN 46268 USA
MANAGER	STEVE DOWN	4501 W 62ND ST INDIANAPOLIS, IN 46268 USA
MANAGER	JON NEALE	4501 W 62ND ST INDIANAPOLIS, IN 46268 USA

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET #700 PROVIDENCE , RI 02903

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

**Signed this 5 Day of October, 2020 at 3:12:50 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 JON NEALE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved