FILED STAMP

OCT 15 2020 SAUNT

Annual Report for the year: $\underline{2020}$ Limited Liability Company

→ 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 000795214		2. Exact name of the Limited Liability Company CJD REALTY, LLC				
3. NAICS Code 531190		Brief description of the character of business conducted in Rhode Island Management of Real Estate and other lawful purpose.				
5. State of Formation RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
7630 Post Road			North Kingstown	RI	02852	
7. Mailing Address of Limite	ed Liability Compa	any and Name or			<u>'</u>	
Contact Name Craig J. Delfino			Contact Title Member			
Street Address 7630 Post Road			City North Kingstown	State RI	Zip 02852	
8. List ALL managers (nam	es and addresse	s) 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	Zıp	City	State	Zip	
		1		Check the box to i	indicate an attachment	
9. Resident Agent in Rhode	Island, This inform	nation is currently	of record with the Department of State	Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including a true and correct.	nny accompanyin	g schedules and	
Name of Authorized Person				Date	, ,	
Craig J. Delfino				10/	5/2020	
Signature of Authorized Per	Dells	SIG	N DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov