|  | State of Rho<br>Office of the Seci   |                                    | Fee: \$50.00                        |
|--|--|------------------------------------|-------------------------------------|
| HOPE   | Division Of Busi<br>148 W. Rive<br>Providence RI (<br>(401) 222  | er Street<br>)2904-2615            |                                     |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1   |  |                                    |                                     |
|  | 7-16-66(d), each limited liability o<br>n thirty (30) days after the time p<br>penalty fee of \$25.00. |                                    |                                     |
| ANNUAL REPORT YEAR: 2020   |  |                                    |                                     |
| <b>1. ID No.</b> $000541450$   |  |                                    |                                     |
| 2. Exact Name of the Limited Liability Company $C AND J PROPERTY MAINTENANCE, LLC$   |  |                                    |                                     |
| 3. State of Formation  |  |                                    |                                     |
| State: <u>RI</u>   |  |                                    |                                     |
| ARTICLE III  |  |                                    |                                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |  |                                    |                                     |
|  |  |                                    |                                     |
| 4. Brief Description of the  | e Character of the Business W  | hich is Actually Conduc            | ted in Rhode Island                 |
| REAL ESTATE  |  |                                    |                                     |
| 5. Principal Office Addres   | SS   |                                    |                                     |
|  | ONNELL HIGHWAY<br>PORT   | State: <u>RI</u> Zip: <u>0284</u>  | 0 Country: <u>USA</u>               |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |  |                                    |                                     |
| Contact Name: Contact <sup>-</sup><br>No. and Street: <u>110 C</u><br>City or Town: <u>NEW</u>   | ONNELL HIGHWAY   | State: <u>RI</u> zip: <u>0284(</u> | <u>)</u> Country: <u>USA</u>        |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |  |                                    |                                     |
| Title  | Individual Name<br>First, Middle, Last, Suffix   |                                    | dress<br>, State, Zip Code, Country |
| 8. RESIDENT AGENT IN R   | HODE ISLAND - DO NOT ALTE  | R                                  |                                     |

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

RICHARD W. NICHOLSON, ESQ. 9 THURBER BOULEVARD, SUITE D SMITHFIELD , RI 02917

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

**Signed this 27 Day of October, 2020 at 10:25:37 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 RICHARD W NICHOLSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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