



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 02920

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 142283		2. Exact name of the limited liability company ALJ, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 25 Lily Drive		City Cranston	State RI Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Member			
Street Address 25 Lily Drive		City Cranston	State RI Zip 02920
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name GORDON A. CARPENTER		Address 91 FRIENDSHIP STREET	
Address		City PROVIDENCE	Zip 02903 -

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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\*142283 DLLC 09/26/05 09:49 PM\*

FILED

File Date

Check No. 2244 NOV 04 2005

By: [Signature] 581580

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 herein are true and correct.

[Signature]  
Signature of Authorized Person  
Date 10/30/05  
Jeffrey A. Desrosiers  
Print or Type Name of Authorized Person