



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Limited Liability Company

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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- 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 001678268 | | 2. Exact name of the Limited Liability Company MAJ, LLC | | | |
| 3. NAICS Code <u>722511</u> | | 4. Brief description of the character of business conducted in Rhode Island restaurant | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 59 Aquidneck Avenue | | | City Middletown | State RI | Zip 02942 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Adnan Jweinat | | | Contact Title Member | | |
| Street Address 59 Aquidneck Ave | | | City Middletown | State RI | Zip 02842 |
| 8. List ALL managers (names and addresses) 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 | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Adnan Jweinat | | | | Date January 12, 2021 | |
| Signature of Authorized Person <i>Adnan Jweinat</i> | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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