



**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. 000437661

2. Exact Name of the Limited Liability Company C&J, LLC

3. State of Formation

State: RI

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.

531110

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

THE GENERAL CHARACTER OF THE BUSINESS OF THE COMPANY IS TO ACQUIRE, OWN, HOLD, SELL, LEASE, DEVELOP, MANAGE AND OTHERWISE DEAL WITH REAL PROPERTY AND TO ENGAGE IN ANY OTHER BUSINESS ACTIVITIES PERMITTED UNDER THE ACT WHICH THE MANAGER OF THE COMPANY SHALL DEEM DESIRABLE OR EXPEDIENT TO ACHIEVE THE FOREGOING OR SHALL DEEM TO BE IN THE BEST INTERESTS OF THE COMPANY.

5. Principal Office Address

No. and Street: 5 WILLIAM BRADFORD COURT

City or Town: NORTH DARTMOUTH

State: MA Zip: 02747 Country: USA

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

Contact Name: COLEEN MAGALHAES Contact Title:

No. and Street: 5 WILLIAM BRADFORD COURT

City or Town: DARTMOUTH

State: MA Zip: 02747 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
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JOHN J. PARTRIDGE, ESQ. 40 WESTMINSTER STREET, SUITE 1100 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 1 Day of March, 2021 at 12:57:58 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 COLEEN MAGALHAES
Signature of Authorized Person

Form No. 632
Revised 09/07

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