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Annual Report for the year:	2018

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.

R.I. DEPT. BUS SV	IVED M.P.
2021 FEB 18	AM 9: 17

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1. Entity ID Number		2. Exact name of the Limited Liability Company					
000507435	NJMA, LL	NJMA, I.I.C					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
722511	EAT IN O	EAT IN OR TAKE OUR RESTAURANT					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
1633 WARWICK AVE			WARWICK	RI	02889		
7. Mailing Address of Limited		any and Name o			•		
Contact Name NICHOLAS J DEGAITAS		Contact Title MEMBER	Contact Title MEMBER				
Street Address 1633 WARWIG	Address 1633 WARWICK AVE		City WARWICK	State RI	Zip 02889		
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MERBERS 💯		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	광 5.1 8 DI 8 DI		
Manager Name			Manager Name	Manager Name			
Street Address		Street Address					
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. The Resident Agent inform	ation currently	of record with the	e RI Department of State is accu	ırate. Changes requir	e filing Form 642.		
Under penalty of perjury, I statements, and that all sta			examined this report, includin true and correct.	g any accompanyin	g schedules and		
Name of Authorized Person Date / /							
NICHOLAS J DEGAITAS 2/12/2				21			
Signature of Authorized Pers	on						
il 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 FILED

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FORM 632 - Revised: 08/2020