



**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. 001699470

2. Exact Name of the Limited Liability Company TDJ MANAGEMENT SERVICES 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.

561110

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

AND/OR CAPITAL OF THE LLC BUSINESS PRO RATA OR NON-PRO RATA AS THEY
DEEM
ADVISABLE. IF THE MEMBERS/MANAGERS MAKE NON-PRO RATA DISTRIBUTIONS,
THOSE
DISTRIBUTIONS SHALL BE TAKEN INTO ACCOUNT IN RECALCULATING EACH
MEMEBERS/MANAGERS CAPITAL ACCOUNT (AND/OR DRAWING ACCOUNT)AT THE
END OF
THE LLCS FISCAL YEAR

5. Principal Office Address

No. and Street: 105 ALABAMA AVE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

Contact Name: DUKENS REID MARC Contact Title: PRESIDENT

No. and Street: 105 ALABAMA AVE

City or Town: PROVIDENCE

State: RI

Zip: 02905

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
MANAGER	DUKENS REID MARC	105 ALABAMA AVE PROVIDENCE , RI 02905 USA

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

DUKENS MARC 788 MAIN STREET APT 1R PAWTUCKET , RI 02860

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

Signed this 16 Day of March, 2021 at 3:05:38 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 DUKENS REID MARC
Signature of Authorized Person

Form No. 632
Revised 09/07

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