



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## 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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 MAY -4 AM 10:40

|                                                                                                                                                                                                      |       |                                                                                                                         |                    |                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|--------------|
| 1. Entity ID Number<br>000943915                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br>BJB, LLC                                                              |                    |                |              |
| 3. NAICS Code<br>541611                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Consulting and all other lawful purposes |                    |                |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                                         |                    |                |              |
| 6. Principal Office Address<br>2 Beloit St.                                                                                                                                                          |       |                                                                                                                         | City<br>Providence | State<br>RI    | Zip<br>02908 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                         |                    |                |              |
| Contact Name<br>Andrew J Annaldo                                                                                                                                                                     |       |                                                                                                                         | Contact Title      |                |              |
| Street Address<br>2 Beloit St.                                                                                                                                                                       |       |                                                                                                                         | City<br>Providence | State<br>RI    | Zip<br>02908 |
| 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<br>Andrew J Annaldo                                                                                                                                                        |       |                                                                                                                         |                    | Date<br>5/3/21 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                                         |                    |                |              |

## 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

MAY 10 2021

BY X2XXA

A.A. 12:30 PM  
 FORM 632 Revised: 08/2020