RI SOS Filing Number: 202196484660 Date: 5/10/2021 12:28:00 PM

State of Rhode Island Department of State	- Business Serv	vices Division RECEIVED BUS SYCS DIV					
Annual Report for the year: Limited Liability Company	2018	2021 MAY -4 AM 10: 40					
 → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 							

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
000943915	BJB. LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
541611	Consulting and all other lawful purposes						
5. State of Formation	}						
RI	1						
6. Principal Office Address			City	State	Z ip ∶		
2 Beloit St.			Providence	RI	02908		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Andrew J Annaldo			Contact Title				
Street Address 2 Beloit St.			City Providence	State RI	Zip 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	Street Address			
City	State	Zip	City	State	\$ Sr 143-		
Manager Name			Manager Name				
Street Address			Street Address 2		5TAI 5TAI 12:		
City	State	Zip	City	State	Zip Cr		
Check the box to indicate an attachment							
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 dec statements, and that all stater				ng any accompanyin	g schedules and		
Name of Authorized Person					1-		
Andrew J Annaldo				5/-	3/2/		
Signature of Authorized Person							

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 1 0 2021

1.A. 12:38 PRM 632 - Revised: 08/2020