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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2017 Limited Liability Company

2021 KAY -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.

1. Entity ID Number 000943915	2. Exact name of the Limited Liability Company BJB, LLC					
3. NAICS Code 54161 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island Consulting and all other lawful purposes					
6. Principal Office Address			City	State	Zip	
2 Beloit St.			Providence	RI	02908	
7. Mailing Address of Limited Li		any and Name o	r Title of Contact Person			
Contact Name Andrew J Annaldo			Contact Title	Contact Title		
Street Address 2 Beloit St.			City Providence	State RI	Zip 02908	
8. List ALL managers (names a	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address		202	
City	State	Zip	City	State	ZE BUS	
Manager Name			Manager Name			
Street Address			Street Address	프 모양		
City	State	Zip	City	State	Zip 12	
Check the box to indicate an attachment						
			e RI Department of State is accu			
Under penalty of perjury, I de statements, and that all state	clare and afi ments conta	firm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person Andrew J Annaldo				Date 5/3/2/		
Signature of Authorized Person	. A	mole				

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

BY X EXXID

7. A. 12, 3 FORM 632 Revised: 08/2020