RI SOS Filing Number: 202100190870 Date: 8/17/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021
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.

	CII EN	STAMP		
	AUG 1 7 2021	Recorded to the contract of th		
BY _	2594			

1. Entity ID Number	2. Exact name of the Limited Liability Company							
517945	KJ ENTERPRISES, LLC							
3. NAICS_Code - 👍	4. Brief description of the character of business conducted in Rhode Island							
445299	445799 GROCERY STORE							
5. State of Formation								
RHODE ISLAND								
O Delinate at Office Address				Tou i	1			
6. Principal Office Address			City	State	Zip			
964 ATWELLS AVENUE			PROVIDENCE	RI	02909			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name KENIA NUNEZ			Contact Title MANAGER					
Street Address 143 DANIEL AVE	NUE		City PROVIDENCE	State RI	^{Zip} 02909			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name JOSE L. NUNEZ			Manager Name					
Street Address 143 DANIEL AVENUE			Street Address					
City PROVIDENCE	State RI	^{Zip} 02909	City	State	Zip			
Manager Name		•	Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
				Check the box to i	ndicate an attachment			
9. Resident Agent in Rhode Islan	d. This information	on is currently of re	cord with the Department of State					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Date								
KENIA NUNEZ					07/13/2021			
Signature of Authorized Person SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov