

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

OCT 0 7 2021

1476

Annual Report for the year: 202)
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.

1 Entity ID Number	2. Exact name of the Limited Liability Company				
000117781	SJS ASSOCIOTES, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531311	rentestate company				
5. State of Formation	'				
R I					
6. Principal Office Address			City	State	Zip
30 BRUDFORD ST.			BRISTOL	RI	02809
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name STEPHAN BRIGIDI			Contact Title PUS, DENT		
Street Address 30 BRUDFORD ST.			CITYBAISTUL	State //	Zip82809
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name STEPHAN BRIGIDI			Manager Name JULA BRIGIDI		
Street Address 93 HIGHLAND RD. City BAISTUL State RI Zip 02519			Street Address 93 HIGHLAND RD- City BRISTOL State RI Zip 02809		
CITY BAISTUL	Slate 12 /	Zip 02509	BRISTOL	State 1	ZIP 02809
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Check the box to indicate an attachment					
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					
STEPHAN BRIGIDI 10/5/21					
Signature of Authorized Person SIGN EQUIPMENT OF SIGN					
SIGN EQUIPATIVE NET					

MAIL TO:

Division of Business Services

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

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