State of Rhode Island
**Department of State - Business Services Division**

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**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| 001678574 | DMJ services LLC | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | |
| 236118 | | | |
| 5. State of Formation | | | |
| RI | Construction | | |
| 6. Principal Office Address | City | State | Zip |
| 2 Batchelder Ave | Providence | RI | 02904 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name | Contact Title | | |
| Hector J Correa | Owner | | |
| Street Address | City | State | Zip |
| 2 Batchelder Ave | Providence | RI | 02904 |

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 ☐

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 | Date |
|---|---|
| Hector J Correa | 12/23/21 |

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

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