



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
**Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

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|   |  |   |                |              |
|---|--|---|----------------|--------------|
| 1. Entity ID Number<br>001738203  |  | 2. Exact name of the Limited Liability Company<br>CLNJS, LLC  |                |              |
| 3. NAICS Code<br>531120   |  | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and management of real estate and any other business permitted by law. |                |              |
| 5. State of Formation<br>Rhode Island   |  |   |                |              |
| 6. Principal Office Address<br>P.O. Box V, 1163 Putnum Pike   |  | City<br>Chepachet   | State<br>RI    | Zip<br>02814 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                |              |
| Contact Name<br>Elias Sleiman   |  | Contact Title   |                |              |
| Street Address<br>P.O. Box V, 1163 Putnum Pike  |  | City<br>Chepachet   | State<br>RI    | Zip<br>02814 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                |              |
| <i>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.</i> |  |   |                |              |
| Name of Authorized Person<br>ELIE SLEIMAN   |  |   | Date<br>4/7/23 |              |
| Signature of Authorized Person<br>x <i>Elias Sleiman</i>  |  |   |                |              |

## MAIL TO:

Division of Business Services

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