



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
DEPT. OF STATE

2023 JUN -8 P 2: 26

1. Entity ID Number 001660737		2. Exact name of the Corporation The Bajan Group, Inc.			
3. Principal Office Address 1365 Clifton Park Road		City Niskayuna		State NY	Zip 12309
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island SHIPMENT OF PRODUCTS TO RETAIL LOCATIONS IN SPECIFIC STATES				
5. State of Incorporation New York					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen Lombardo		Vice-President Name			
Street Address 1365 Clifton Park Road		Street Address			
City Niskayuna	State NY	Zip 12309	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen Lombardo		Director Name			
Street Address 1365 Clifton Park Road		Street Address			
City Niskayuna	State NY	Zip 12309	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		200		STK	0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Karen Lombardo				Date 6-7-2023	
Signature of Authorized Representative					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 08 2023

KL 5SMCD
2:28

FORM 636 - Revised 2/2023