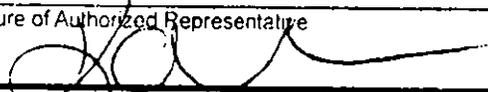


 State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2020**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

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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