



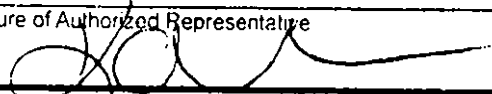
State of Rhode Island
Department of State - Business Services Division

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.

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		5. 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. <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 Karen Lombardo				Date 6-7-2023	
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

FILED

JUN 08 2023

KL SSMCD
 2:30