

State of Rhode Island

Department of State - Business Services Division

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

2024

→ 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	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	Constiuc	City Providence		
6. Principal Office Address		City	State	Zip
2 BzTcheller	Ave	Providence	R.I.	02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
thecros & Casera.		Owner		
Street Address		Providence	State	Zip
2 Batcheller Ave		Providence	X L	02904
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 S C	25cerz	11/15/23		
Signature of Authorized Person				

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MAIL TO:

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