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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

<u> WA</u>

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number	2. Exact name of the Limited Lia	oility Company		
001099553	LSJ Proper	ties LLC		· · · · · · · · · · · · · · · · · · ·
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531110 5. State of Formation	Real Estate Purchase, SAle, Mongand			
RI				
6. Principal Office Address	4	City	State	Zip
25 Intervale Ave		East Providence	R7	02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
LELAN ST. JOHN		OWNER		
Street Address 25 Intervale Aug		East Providence	State RF	Zhp 02914
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  LELAN ST JOHN			Date 1/9/94	
Signature of Authorized Person Selan Stefan Stefan				
	,			

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

JAN 02 2024