

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

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

-> 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				
001675306	NJR Realty 11C				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390					
5. State of Formation	Real Este	ite			
6. Principal Office Address	<u> </u>	City	State	Zip	
1200 pippin orch	ard RD	CRANSTON	L5	02921	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title					
Deftali Reyes President		_			
Street Address		City	State	Zip	
1200 pippin orchard FD		CRAnston	RI	(2921	
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		<del></del>	Date /	1	
Neftall REYE.	S		2/9	124	
Signature of Authorized Person					
My len					

**FILED** 

FEB - 9 2024

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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