



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2023  
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.

1. Entity ID Number <u>001736207</u>		2. Exact name of the Limited Liability Company <u>AJ pharmacy LLC store 02</u>	
3. NAICS Code <u>455000</u>		4. Brief description of the character of business conducted in Rhode Island <u>Retail Pharmacy</u>	
5. State of Formation <u>RI</u>		Convenience goods	
6. Principal Office Address <u>468 Smithfield RD</u>		City <u>N. Providence</u>	State <u>RI</u>
			Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Charles Agwunobi</u>		Contact Title <u>Owner</u>	
Street Address <u>105 Reservoir RD</u>		City <u>Coverly</u>	State <u>RI</u>
			Zip <u>02816</u>
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 <u>Charles Agwunobi</u>		Date <u>02/26/2024</u>	
Signature of Authorized Person <u>Charles</u>			

FILED 315  
FEB 26 2024  
BY SemBA

MAIL TO:  
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