

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

REC'D RIDOS BSD 24 FEB 27 AM9:19:1

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.

4 Enth D Number	0 5	4.4.1-1.114	<del></del>	
1. Entity ID Number	2. Exact name of the Limited Liability Company			
199619	NEJAY LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
485999	Non medical Transportation			
5. State of Formation				
R.1				
6. Principal Office Address		City	State	Zip
83 Christopher strut		Providence	RI	02904
7. Mailing Address of Limited Liz	bility Company and Name or	Title of Contact Person		,
Contact Name OBEWIAH RVBERTS		Contact Title		
NEJAY LLC		Mempuger		
Street Address		City	State	Zip
P.O. 130x 73242		providence	RI	02907
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	
OBEDIAH ROBERTS			2/27/29	
Signature of Authorized Person				

FILED

FEB 27 2024

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov