

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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 | | | | |
|------------------------------|-----------------------------------------------------------------------------|-------------------------------|------------------------|----------------------|--|
| 000140893 | L.J.B. REALTY, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531311 | Management of real e | estate. | | | |
| 5. State of Formation | | | | | |
| RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| P.O. Box 296 | | Warren | RI | 02885 | |
| 7. Mailing Address of Limite | d Liability Company and Name or 1 | litte of Contact Person | | | |
| Contact Name Jeanne Motta | | Contact Title Manager | | | |
| Street Address P.O. Box 296 | | City Warren | State RI | ^{Zip} 02885 | |
| 8. The Resident Agent Infor | mation currently of record with the | RI Department of State is acc | curate. Changes requir | e filing Form 642. | |
| | y, I declare and affirm that I have latements contained herein are t | • | iding any accompanj | ying schedules and | |
| Name of Authorized Person | | | Date | | |
| eanne Motta | | | 2-18-2024 | | |
| Signature of Authorized Per | 300 | | | | |
| | | | | | |
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MAIL TO:

Division of Business Services

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