RI SOS Filing Number: 202454486610 Date: 5/7/2024 4:00:00 PM



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 001692489	2. Exact name of the Limit CAJ, LLC	ed Liability Company		52
	·			-
3. NAICS Code	,	Brief description of the character of business conducted in Rhode Island		
811111	AUTO REPAIR & M	AUTO REPAIR & MAINTENANCE		
5. State of Formation				
RHOD ISLAND	·			
6. Principal Office Address		City	State	Zip
100 RESERVOIR AVENUE		PROVIDENCE	RI	02907
7. Mailing Address of Limit	ed Liability Company and Name of	or Title of Contact Person	.	
Contact Name JOEL JIMENEZ JIMENEZ		Contact Title MANAGER		
Street Address 89 NORFOLK STREET		City CRANSTON	State RI	^{Zip} 02910
8. The Resident Agent info	rmation currently of record with th	e RI Department of State is accura	te. Changes requir	e filing Form 642.
	I declare and affirm that I have tatements contained herein are	examined this report, including true and correct.	any accompanyin	g schedules and
Name of Authorized Person			Date	
JOEL JIMENEZ			01/01/2023	

MAIL TO:

Division of Business Services

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

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