RI SOS Filing Number: 202457722760 Date: 7/8/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

2024

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 | | | | |
|---|---|----------------|-------------|----------------------|--|
| 001725672 | MAJIMELLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 236/60 | | | | | |
| 5. State of Formation | DealESTATE | | | | |
| RI | , | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 238 MAIN ST | | PaWTUCKET | KI | 02860 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | \cap 1. | Contact Title | | | |
| Ramon Cardenes Member | | | | | |
| Street Address 1955 Westminster STREET | | CityProVIdence | State I | ^{Zip} 02909 | |
| 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 | ardenes | • | Date 7/8/24 | | |
| Signature of Authorized Person | | | | | |
| | | * | | | |

MAIL TO:

Division of Business Services

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

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

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