



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 <u>001086089</u> | | 2 Exact name of the Limited Liability Company <u>MCJC, LLC</u> | |
| 3 NAICS Code <u>531190</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>real estate</u> | |
| 5 State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>1350 Division Rd Suite 301</u> | | City <u>West Warwick</u> | State <u>RI</u> |
| Zip <u>02893</u> | | | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Kristine Bond</u> | | Contact Title <u>Bookkeeper</u> | |
| Street Address <u>422 Mariano Bishop Blvd</u> | | City <u>Fall River</u> | State <u>MA</u> |
| Zip <u>02721</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>Kristine Bond</u> | | Date <u>03/24/2025</u> | |
| Signature of Authorized Person <u>Kristine Bond</u> | | | |

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MAR 28 2025

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MAIL TO:

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