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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2025 Limited Liability Company

2025____

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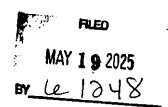
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

· MAY 19 ₱ 3:54

1. Entity ID Number	2. Exact name of the Limited Liability Company			:	
001692489	CAJ, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
811111	AUTO REPAIR & MAINTENANCE				
5. State of Formation RHOD ISLAND					
6. Principal Office Address	<u> </u>	City	State	Zip	
100 RESERVOIR AVENUE		PROVIDENCE	RI	02907	
7. Mailing Address of Limited I	iability Company and Name 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 informa	ation currently of record with the	RI Department of State is accura	te. Changes require	e filing Form 642.	
Under penalty of perjury, I d	eclare and affirm that I have e. ements contained herein are t	xamined this report, including	any accompanyin	g schedules and	
Name of Authorized Person			Date		
JOEL JIMENEZ			12/26/2024		
Signature of Authorized Perso	on				
X Tool Time	omez				



MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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