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Annual Report for the year: 2025 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

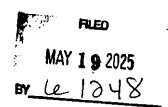
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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4. E. W. ID November	2. Exact name of the Limited Liability Company			:	
1. Entity ID Number 001692489		CAJ, LLC			
3. NAICS Code 811111	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island AUTO REPAIR & MAINTENANCE			
5. State of Formation RHOD ISLAND					
6. Principal Office Address 100 RESERVOIR AVENUE		City PROVIDENCE	State RI	Zip 02907	
	d Liability 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 infor	mation currently of record with	the RI Department of State is accura	te. Changes require	e filing Form 642.	
Under penalty of perjury,	I declare and affirm that I hav tatements contained herein a	re examined this report, including	any accompanyin	g schedules and	
Name of Authorized Person JOEL JIMENEZ			Date 12/26/2024		
Signature of Authorized Per	rson LOMEZ				



MAIL TO:

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

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