RI SOS Filing Number: 202330330680 Date: 3/8/2023 4:00:00 PM



Annual Report for the year: 2023
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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| 150 TECTE DATE OF THE |  |

| 1. Entity ID Number                                 | 2. Exact name of the Limited Liability Company  |                          |  |                      |  |
|---|---|--------------------------|--|----------------------|--|
| 000795214   | CDJ REALTY, LLC   |                          |  |                      |  |
| 3. NAICS Code                                       | Brief description of the character of business conducted in Rhode Island                  |                          |  |                      |  |
| 531190  | Management of real estate and other lawful purposes.                                      |                          |  |                      |  |
| 5. State of Formation                               |   |                          |  |                      |  |
| RHODE ISLAND  |   |                          | -                                      |                      |  |
| 6. Principal Office Address                         | City  |                          | State                                  | Zip                  |  |
| 7630 Post Road                                      | North   | Kingstown                | RI                                     | 02852                |  |
| 7. Mailing Address of Limite                        | Liability Company and Name or Title of Conta  | ct Person                |  |                      |  |
| Contact Name Craig J. Delfino  Contact Title Member |   |                          | er e e e e e e e e e e e e e e e e e e |                      |  |
| Street Address 7630 Post                            | Road City N   | orth Kingstown           | State RI                               | <sup>Zip</sup> 02852 |  |
| 8. The Resident Agent infor                         | nation currently of record with the RI Departme   | nt of State is accurate. | . Changes require                      | e filing Form 642.   |  |
|   | declare and affirm that I have examined thi<br>atements contained herein are true and cor |                          | y accompanyin                          | g schedules and      |  |
| Name of Authorized Person                           |   |                          | Dale                                   |                      |  |
| CRAIG J. DELFINO                                    |   |                          | 2/9                                    | 12003                |  |
| Signature of Authorized Per                         | son O   |                          |  | · ·                  |  |
| Jely  | 21/ Dellino   |                          |  |                      |  |
|   | // /  |                          |  |                      |  |

MAIL TO:

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

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