2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2022
Secretary of State
4639443671CC

DOCUMENT# M17000000189

Entity Name: H. J. BAKER & BRO., LLC

Current Principal Place of Business:

2 CORPORATE DR SUITE 545
SHELTON, CT 06484

Current Mailing Address:

2 CORPORATE DR SUITE 545
SHELTON, CT 06484

FEI Number: 81-4867907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	SMITH, CHRISTOPHER V.B.
Address	470 REDDING ROAD
City-State-Zip:	FAIRFIELD CT 06824

Title	MANAGER
Name	SMITH, MATTHEW W
Address	2955 ZELL STREET
City-State-Zip:	LAGUNA BEACH CA 92651

Title	MANAGER
Name	SMITH, DAVID
Address	2 CORPORATE DR SUITE 545
City-State-Zip:	SHELTON CT 06484

Title	MANAGER
Name	MARANDA, JOHN
Address	2 CORPORATE DR SUITE 545
City-State-Zip:	SHELTON CT 06484

Title	MANAGER
Name	WILLIAMS, JACK L JR
Address	155 MIDDLE HADDAM ROAD, RT. 1515
City-State-Zip:	MIDDLE HADDAM CT 06456

Title	MANAGER
Name	MACK, RICHARD
Address	6590 SKY LANE
City-State-Zip:	EDEN PRAIRIE MN 55347

Title	MANAGER
Name	HORNER, JODY
Address	2 CORPORATE DR SUITE 545
City-State-Zip:	SHELTON CT 06484

Title	MANAGER
Name	SANTA, JOHN
Address	2 CORPORATE DR SUITE 545
City-State-Zip:	SHELTON CT 06484

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA SESTITO — AUTHORIZED REPRESENTATIVE — 04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANGER
Name	BLOOM, KEN
Address	2 CORPORATE DR SUITE 545
City-State-Zip:	SHELTON CT 06484

Title	AUTHORIZED REPRESENTATIVE
Name	SESTITO, PATRICIA
Address	2 CORPORATE DR SUITE 545
City-State-Zip:	SHELTON CT 06484