



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 00107737		2. Exact name of the Corporation S J L, INC.			
3. Principal office address 1312 ARTISAN AVENUE SW		City CELEBRATION	State FL	Zip 34747	
4. Business Phone No. (321) 939-3932		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PURCHASING, SELLING AND LEASING REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN F. LAUZON			Vice-President Name SUZANNE M. LAUZON		
Street Address 1312 ARTISAN AVENUE SW			Street Address 1312 ARTISAN AVENUE SW		
City CELEBRATION	State FL	Zip 34747	City CELEBRATION	State FL	Zip 34747
Secretary Name SUZANNE M. LAUZON			Treasurer Name JOHN F. LAUZON		
Street Address 1312 ARTISAN AVENUE SW			Street Address 1312 ARTISAN AVENUE SW		
City CELEBRATION	State FL	Zip 34747	City CELEBRATION	State FL	Zip 34747
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHN F. LAUZON			Director Name SUZANNE M. LAUZON		
Street Address 1312 ARTISAN AVENUE SW			Street Address 1312 ARTISAN AVENUE SW		
City CELEBRATION	State FL	Zip 34747	City CELEBRATION	State FL	Zip 34747
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 29 2016

BY 0268890

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.

Signature of Authorized Representative

JOHN F. LAUZON

Print or Type Name of Authorized Representative

Date

2/15/16

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SECRETARY OF STATE
CORPORATIONS DIV
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