



Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 19 PM 12:29

1. Entity ID Number 295833		2. Exact name of the Corporation LOUJIL INC.					
3. Principal Office Address C/O JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.		City LINCOLN		State RI	Zip 02865		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation RHODE ISLAND		PHARMACY NAICS CODE 446110					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name GARY S. KISHFY			Vice-President Name GARY S. KISHFY				
Street Address 44 MARK DRIVE			Street Address 44 MARK DRIVE				
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865		
Secretary Name GARY S. KISHFY			Treasurer Name GARY S. KISHFY				
Street Address 44 MARK DRIVE			Street Address 44 MARK DRIVE				
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name GARY S. KISHFY			Director Name NONE				
Street Address 44 MARK DRIVE			Street Address				
City LINCOLN	State RI	Zip 02865	City	State	Zip		
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			100			COMMON	0.01
11. 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. 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.							
Name of Authorized Representative GARY S. KISHFY					Date 12/28/17		
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED JAN 19 2018 BY [Signature] 12:29		