




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 19 PM 12:29

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

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. <i>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.</i>					
Name of Authorized Representative GARY S. KISHFY				Date 12/28/17	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *[Signature]* 302241
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