II SOS Filing Number: 201860394780 Date: 3/16/2018 4:00:00 PM

Department of State - Business Services Division

Annual Report for the year:
Corporation

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

	T									
1. Entity ID Number	2. Exact name of the Corporation									
000070851 L&J INVESTMENTS CO., INC										
3. Principal Office Address	City	Y Y		Zip						
15 WELLINGTON RO	OAD _			LINCOLN			RI	02865		
4. NAICS Code	6. Brief description	n o	f the character of bus	siness conducted in Rhode Island						
326100										
5. State of Incorporation	1									
RI	INACTIVE									
7. List ALL officers (names and		Check the box to indicate an attachment								
President Name					Vice-President Name					
LEONARD A. GROS		JEFFREY GROSSMAN								
Street Address		Street Address								
28 LAFAYETTE DR		1703 EXETER ROAD								
City	State	Zip		City	PARTITIK KUMI	State	T			
				· ·			İ			
WOODMERE Secretary Name	NY 115		1598		HEWLETT NY reasurer Name		11	11557		
Secretary Name					Heasurer warre					
Street Address				Street Address						
City	State Zip			City		State	Zip		•	
8. List ALL directors (names and addresses)					Che	ck the box	to indica	ate an attachment	П	
Director, Name '				Director Name						
Street Address				Street Address						
City ,	State Zip			City		State		Ζip		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zıp		City		State	Zip			
9. Shares Authorized			10. Shares Issued		Che	ck the box	to indica	ate an attachment	П	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERII	CLASS/SFRIES		PAR VALUE		
			0					0		
Changes require an additional filing.							T	·-		
11. This report must be executed	on behalf of the co	moi	ation by an authorized	l representa	tive. If the corporation i	s in the ha	nds of a	receiver or	_	
trustee, this report must be execu		•	•	*	•					
Under penalty of perjury, I ostatements, and that all state	teclare and affir	m	that I have examin	ed this rep		ассотра	nying s	schedules and		
Name of Authorized Representative					Date 3/15/18					
Signature of Authorized Represe JEFFREY GROSSMAN	_						,	· ·		

MAIL TO:

Division of Business Services

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

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

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FORM 630 - Revised: 08/2017