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.

1. Entity ID Number	2. Exact name of the Corporation								
000070851	L&J INVESTMENTS CO., INC								
3. Principal Office Address					City			Zip	
15 WELLINGTON RO	15 WELLINGTON ROAD				LINCOLN			02865	
4. NAICS Code		on o	f the character of bus	iness conducted in Rhode Island					
326100									
5. State of Incorporation									
RI	INACTIVE								
7. List ALL officers (names and		Check the box to indicate an attachment							
President Name					Vice-President Name				
LEONARD A. GROSSMAN				JEFFREY GROSSMAN					
Street Address				Street Address					
28 LAFAYETTE DRIVE				1703 EXETER ROAD					
City	State	Zip		City		State		Zip	
WOODMERE	NY	11598 HI		HEWLE	TT	NY		11557	
Secretary Name					Treasurer Name				
Street Address				Street Address					
City	State	Zip		City		State		Zip	
List ALL directors (names and addresses)					Check the box to indicate an attachment				
Orrector Name 5				Director Name					
Street Address				Street Address					
City .	State Zip			City	State		<i>Ži</i> p		
Director Name				Director Name					
Street Address				Street Address					
City	State Zip			City		State		Zip	
9. Shares Authorized	<u>.                                    </u>	Ч	10. Channe leaved	<u>L</u>		 		ato na ottorala	
				Check the box to indicate an attachment  HARES CLASS/SERIES PAR VALUE					
This information is currently of record in the Department of State.			NUMBER OF SE	ARES CLASS/SFRII		<u>rs</u>		PAR VALUE	
Changes require an additional filing.									
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    Date   3   15   8								5/18	
Signature of Authorized Representative:  JEFFREY GROSSMAN									

MAIL TO:

**Division of Business Services** 

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

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

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5131 DS FORM 630

FORM 630 - Revised: 08/2017