RI SOS Filing Number: 201860594720 Date: 3/19/2018 10:30:00 AM

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

Annual Report for the year: 2017
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 2017 DEC 13 A11:1

STAMP

1. Entity ID Number	2. Exact name of the Corporation			
000058749	SJS, Inc.			
3. Principal Office Address		City	State	Zip
P.O. Box 319		Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541910	Business Consulting			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ira C. Magaziner			Vice-President Name: None		
Street Address: 184 Poppasquash Road			Street Address:		
City: Bristol	State: RI	Zip: 02809	City:	State:	Zip:
Secretary Name: None			Treasurer Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	CNP	0

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: Ira C. Magaziner — Date: 12/8/17

Signature of Authorized Representative: SIGN DOCUMENT HERE

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 JAN 18 A11:9:44
RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 FEB 12 A11:9:44
RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 MAR 19 A10:27

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
MAR 19 2018
BY 326896
A.A. 10:30 A.M

FORM 630 - Revised: 10/2017