RI SOS Filing Number: 201989021040 Date: 3/20/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

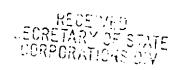
Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00



2019 MAR 20 PM 2: 36

| 1. Entity ID Number | | 2. Exact name of the Corporation | | | | | |
|--|---|----------------------------------|---|------------------------|------------------|--------------------------|--|
| 107737 | S J L, IN | C. | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | |
| 1211 STONECUTTER DRIVE, APT.309 | | | CELEBRA | TION | FL | 34747 | |
| 4. NAICS Code | | | | conducted in Rhode | Island | • | |
| 531110 | PURCHASI | NG, SELLING ANI | D LEASING REA | L ESTATE | | | |
| 5. State of Incorporation | | | | | | | |
| RHODE ISLAND | | | | | | | |
| 7. List ALL officers (names a | and addresses) | | <u> </u> | Chec | k the box to inc | licate an attachment [| |
| President Name JOHN F. LAUZON | | | Vice-President Name SUZANNE M. LAUZON | | | | |
| Street Address 1211 STONEC | Street Address 1211 STONECUTTER DRIVE, APT. 309 | | | | | | |
| City CELEBRATION | State FL | ^{Zip} 34747 | City CELEB | | State FL | ^{Zip} 34747 | |
| Secretary Name SUZANNE M | Treasurer Name JOHN F. LAUZON | | | | | | |
| Street Address 1211 STONECUTTER DRIVE, APT. 309 | | | Street Address 1211 STONECUTTER DRIVE, APT. 309 | | | | |
| City CELEBRATION | State FL | ^{Zip} 34747 | City CELEBRATION | | State FL | Zip 34747 | |
| 8. List ALL directors (names | and addresses) | • | | Chec | k the box to inc | dicate an attachment [| |
| Director Name JOHN F. LAUZON | | | Director Name SUZANNE M. LAUZON | | | | |
| Street Address 1211 STONECUTTER DRIVE, APT 309 | | | Street Address 1211 STONECUTTER DRIVE, APT. 309 | | | | |
| City CELEBRATION | State FL | Zip 34747 | City CELEBRATION | | State FL | Zip 34747 | |
| Director Name | • | | Director Name | e | • | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | • • • | State | Zip | |
| | | | | | | dicate an attachment | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES | | CLASS/SER | ies | PAR VALUE | |
| · | | 100 | | COMMON | | NO PAR | |
| Changes require an additiona | 11 filing. | | | | Ī | | |
| 11. This report must be exec | cuted on behalf of the | corporation by an | authorized repre | sentative. If the corp | oration is in th | e hands of a receiver of | |
| trustee, this report must be | | | | | | | |
| Under penalty of perjury, I statements, and that all st | | | ned this report, i | including any acco | mpanying scl | hedules and | |
| Name of Authorized Repres | | merenrare area | Ha correct. | LED | Date , | 1 | |
| JOHN F. LAUZON | / | | MAD | 0 2019 | 7/2 | 1 /1a | |
| Signature of/Authorized Rep | presentative | | WAR 2 | 0 2019 | 1 410 | 6117 | |
| 1.6 | ~~~~ | | BYRAIS | VCK3 | | | |
| | 10-1 | | -AHNO | $\chi C / C$ | | | |
| MAIL TO: | | | / | | | | |

Division of Business Services

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

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