



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019.

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATION DIV

2019 AUG 14 PM 2:49

1. Entity ID Number <u>001661529</u>		2. Exact name of the Corporation <u>LJ Creative Ventures, Inc</u>			
3. Principal Office Address <u>726 Danielson Pike</u>			City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>
4. NAICS Code <u>541990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Merchant Processing</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Linda Justice</u>			Vice-President Name <u>none</u>		
Street Address <u>726 Danielson Pike</u>			Street Address <u>n/a</u>		
City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address <u>n/a</u>			Street Address <u>n/a</u>		
City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>	City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>n/a</u>			Street Address <u>n/a</u>		
City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>	City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>n/a</u>			Street Address <u>n/a</u>		
City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>	City <u>n/a</u>	State <u>n/a</u>	Zip <u>n/a</u>
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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
Changes require an additional filing.			<u>none</u> 0 <u>\$0.0100</u>		
			<u>issued</u>		
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 <u>Linda Justice</u>					Date <u>8/14/19</u>
Signature of Authorized Representative <u>Linda Justice</u>					

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
BY Wyle
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