State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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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1. Entity ID Number	2. Exact name of the Corporation		
000107737	S J L, INC		
3. Principal Office Address	City	State	Zip
59 TAFT AVENUE	MENDON	MA	01756
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531190	PURCHASING, SELLING AND LEASING REAL ESTATE		
5. State of Incorporation			
RHODE ISLAND			

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

President Name: JOHNF. LAUZON			Vice-President Name: SUZANNE M. LAUZON		
Street Address: 59 TAFT AVENUE			Street Address: 59 TAFT AVENUE		
City: MENDON	State: MA	Zip: 01756	City: MENDON	State: MA	Zip: 01756
Secretary Name: SUZANNE M. LAUZON			Treasurer Name: JOHN F. LAUZON		
Street Address: 58 TAFT AVENUE			Street Address: 59 TAFT AVENUE		
City: MENDON	State: MA	Zip: 01756	City: MENDON	State: MA	Zip: 01756

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

Director Name: JOHN F. LAUZON			Director Name: SUZANNE M. LAUZON		
Street Address: 59 TAFT AVENUE			Street Address: 59 TAFT AVENUE		
City: MENDON	State: MA	Zip: 01756	City: MENDON	State: MA	Zip: 01756
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This Information is currently of record In the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMOM	NO PAR

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: JOHN F/ LAUZON

Date: 4/16/21

Signature of Authorized Representative

FILED
APR 26 2021
BY ICED
3:05

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov