

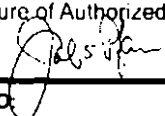
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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000089258		2. Exact name of the Corporation LJG, Inc.	
3. Principal Office Address 459 Chapel Street, PO Box 938		City Block Island	State RI
		Zip 02807	
4. NAICS Code 440291	6. Brief description of the character of business conducted in Rhode Island own and operate a retail store on block island		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sheila M. Fowler		Vice-President Name Sheila M. Fowler	
Street Address Beacon Hill Road, PO Box 652		Street Address Beacon Hill Road, PO Box 652	
City Block Island	State RI	Zip 02807	City Block Island
Secretary Name John S. Pfarr		Treasurer Name Sheila M. Fowler	
Street Address 12 Main Street, 848		Street Address Beacon Hill Road, PO Box 652	
City Essex	State CT	Zip 06426	City Block Island
		State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sheila M. Fowler		Director Name	
Street Address Beacon Hill Road, PO Box 652		Street Address	
City Block Island	State RI	Zip 02807	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100	Common
			No Par Value
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 S. Pfarr, Secretary		Date 11/28/2023	
Signature of Authorized Representative 			

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

FILED
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BY TQDWP
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