



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

FEB 20 2024

BY

1. Entity ID Number 000529946		2. Exact name of the Corporation GJ Corporation			
3. Principal Office Address 1358 Plainfield Street			City Johnston	State RI	Zip 02919
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Retail Liquor Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Elle Nehme			Vice-President Name Jeanette El-Mouchantaf		
Street Address 60 Bicentennial Way			Street Address 60 Bicentennial Way		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Jeanette El-Mouchantaf			Treasurer Name Elle Nehme		
Street Address 60 Bicentennial Way			Street Address 60 Bicentennial Way		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			None	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 Jeanette El-Mouchantaf					Date 2/15/2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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