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 TAMP
FEB 26 2024
SECRETARY OF STATE
BY 493716

1. Entity ID Number	2. Exact name of the Corporation		
57132	GJ Sales Company		
3. Principal Office Address	City	State	Zip
64 Hope Avenue	Hope	RI	02831
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
424120	Operation of a business pertaining to the sale, use, rent, lease, manufacture, and consultation pertaining to general merchandise.		
5. State of Incorporation			
Rhode Island			

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

President Name: Frederick P. Jorgensen			Vice-President Name: Christopher P. Jorgensen		
Street Address: 64 Hope Avenue			Street Address: 64 Hope Avenue		
City: Hope	State: RI	Zip: 02831	City: Hope	State: RI	Zip: 02831
Secretary Name: Brian L. Jorgensen			Treasurer Name: Donna Jorgensen		
Street Address: 64 Hope Avenue			Street Address: 64 Hope Avenue		
City: Hope	State: RI	Zip: 02831	City: Hope	State: RI	Zip: 02831

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

Director Name: Frederick P. Jorgensen			Director Name: Donna Jorgensen		
Street Address: 64 Hope Avenue			Street Address: 64 Hope Avenue		
City: Hope	State: RI	Zip: 02831	City: Hope	State: RI	Zip: 02831
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	COMMON	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: Frederick P. Jorgensen

Date: 02/20/2024

Signature of Authorized Representative: Frederick P Jorgensen

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