



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.

REC'D RHODES B9D
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1. Entity ID Number 001721501		2. Exact name of the Corporation LAMJ INC			
3. Principal Office Address 215 CHAPPEL STREET APT 986			City BLOCK ISLAND	State RI	Zip 02807
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF GENERAL MAINTENANCE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name BYRON A. MARIN			Vice-President Name		
Street Address 215 CHAPEL STREET APT 986			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment ☐					
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 75	CLASS/SERIES CNP	PAR VA. UF 00.00
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 BYRON A. MARIN					Date
Signature of Authorized Representative 					

FILED

MAIL TO:

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

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FORM 630- Revised 12/2023