



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

JAN 24 2025

Corporation

→ Filing period: February 1 - May 1

RI DOS MADE NON-SUBSTANTIVE EDITS

BY 2481
EG

→ Filing Fee: \$50.00

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

1. Entity ID Number 000058749		2. Exact name of the Corporation SJS, Inc.												
3. Principal Office Address P.O. Box 319			City Bristol	State RI	Zip 02809									
4. NAICS Code 541910		6. Brief description of the character of business conducted in Rhode Island Business consulting.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Ira C. Magazimer			Vice-President Name None											
Street Address 184 Poppasquash Road			Street Address											
City Bristol	State RI	Zip 02809	City	State	Zip									
Secretary Name None			Treasurer Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	CNP	0												
Changes require an additional filing.														
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 Robert G. Davies				Date 01/10/2025										
Signature of Authorized Representative <i>Robert G. Davies</i>														

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov