



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
Changes require an additional filing.		100	CNP	0	
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 					

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630- Revised: 12/2023