



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.

REC'D RIDGEBSD
25 MAR 18 PM 2:46:17

FILED

1. Entity ID Number <u>000089258</u>		2. Exact name of the Corporation <u>LJG, Inc.</u>									
3. Principal Office Address <u>459 Chapel Street</u>			City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>						
4. NAICS Code <u>440291</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail store</u>									
5. State of Incorporation <u>RI</u>											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name <u>Sheila M. Fowler</u>			Vice-President Name								
Street Address <u>PO BOX 652</u>			Street Address								
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City	State	Zip						
Secretary Name <u>Sheila M Fowler</u>			Treasurer Name <u>Sheila M. Fowler</u>								
Street Address <u>PO BOX 652</u>			Street Address <u>PO BOX 652</u>								
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>						
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			10. Shares Issued Check the box to indicate an attachment ☐								
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><u>100</u></td> <td><u>Common</u></td> <td><u>No Par Value</u></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>	<u>Common</u>	<u>No Par Value</u>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<u>100</u>	<u>Common</u>	<u>No Par Value</u>									
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. FILED											
Name of Authorized Representative <u>K. Erik Wallin</u>					Date <u>3-18-25</u>						
Signature of Authorized Representative <u>K. Erik Wallin</u>					<u>MAR 18 2025</u> <u>14m28</u>						

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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