



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STAMP
 JUL 18 2025
 11:27 AM

1. Entity ID Number 92819		2. Exact name of the Corporation L.J.C. SALES, INC.			
3. Principal Office Address 31 Daggett Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of general merchandise at wholesale and retail to the general public.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name J. Jeffrey Calista			Vice-President Name Linda Calista		
Street Address 31 Daggett Avenue			Street Address 31 Daggett Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name J. Jeffrey Calista			Treasurer Name J. Jeffrey Calista		
Street Address 31 Daggett Avenue			Street Address 31 Daggett Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name J. Jeffrey Calista			Director Name		
Street Address 31 Daggett Avenue			Street Address		
City Pawtucket	State RI	Zip 02861	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. Changes require an additional filing.			NUMBER OF SHARE'S		
			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 J. Jeffrey Calista					Date
Signature of Authorized Representative <i>J. Jeffrey Calista</i>					FILED
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 18 2025
 BY *14662*
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FORM 630 - Revised: 02/2017