RI SOS Filing Number: 202328567270 Date: 2/10/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

STAMP

Corporation

→ F'ling period: February 1 - May 1

→ Filing Fee: \$50.00

RECEIVED TO STATE OF STATES OF STATES.

→ Penalty: Additional \$25							
1. Entity ID Number 000070842	1	2. Exact name of the Corporation LAJ Realtly, Inc.			2923 FEB TU P 1: 32		
3. Principal Office Address 1414 Atwood Avenue			City Johnston	1	State RI	Zip 02919	
4. NAICS Code 531390 5. State of Incorporation	1	6 Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate					
7 List ALL officers (names a	nd addresses)			Check	the box to indi	cate an attachment	
President Name Kelly M. Coates			Vice-President Name Sheryl Carpionato				
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue				
<sup>City</sup> Johnston	State RI	<sup>Z:p</sup> 02919	City Johns		State RI	<sup>Z<sub>ip</sub></sup> 02919	
Secretary Name Angelo Marocco, Esq			Treasurer Name Kelly M. Coates				
Street Address 1200 Reservoir Avenue			Street Acdress 1414 Atwood Avenue				
<sup>C ty</sup> Cranston	State RI	<sup>Zıp</sup> 02920	Сту Johnston		State RI	<sup>Zip</sup> 02919	
8 List ALL directors (names)	and addresses)			Check	the box to indi	cate an attachment	
Oirector Name			Director Name	e			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Z'o	City		State	Z:p	
9. Shares Author zed			ued 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 SHARES		C. ASS/SERIE Comon		No Par Value	
11. This report must be executrustee, this report must be e					oration is in the	hands of a receiver or	
Under penalty of perjury, I statements, and that all sta	declare and affirm	that I have examine	ed this report, i	including any accor	mpanying sch	edules and	
Name of Authorized Represe	ntative	- neremane trae an		FILED	10 134	12023	
Signature of Authorized Repr	csentative;	at 7.	mel	FEB 1 0	2023		
MAIL TO: Division of Business Services	7			mo ling	8		

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

Phone: (401) 222-3040 Website: www.scsin.gov

FORM 630 - Revised: 11/2021