



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 98857		2. Name of Corporation A.J.B. FOOD CONSULTANTS, INC.		
3. Street Address Principal Business Office 70 TELL ST.		City WARWICK	State RI	Zip 02889
4. Business Phone No. - NONE -		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF FOOD RELATED ITEMS (FOODSERVICE)				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ALEXANDER J. BECHAZ		Vice President Name - NONE -		
Street Address 70 TELL ST.		Street Address		
City WARWICK	State RI	Zip 02889	City	State
Secretary Name - NONE -		Treasurer Name ALEXANDER J. BECHAZ		
Street Address		Street Address 70 TELL ST.		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name - NONE -		Director Name - NONE -		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100	NO PAR VALUE			

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.

File Date **FILED**
Check No. **SEP 25 2007**
By: **By 037814 11:44**
FOR SECRETARY OF STATE USE ONLY

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.

Signature Alexander J. Bechaz Date 9/25/07
Print or Type Name Alexander J. Bechaz
Title President / Treasurer