



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 109118		2. Name of Corporation Pajan Services, Inc.			
3. Street Address Principal Business Office 320 Newport Avenue			City Rumford	State RI	Zip 02916
4. Business Phone No. 401-935-6919		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a general contracting and electrical firm					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna Jankowski			Vice President Name Paul C. Jankowski		
Street Address 20 Shirwood Drive			Street Address 20 Shirwood Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Paul C. Jankowski			Treasurer Name Paul C. Jankowski		
Street Address 20 Shirwood Drive			Street Address 20 Shirwood Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Donna Jankowski			Director Name Paul C. Jankowski		
Street Address 20 Shirwood Drive			Street Address 20 Shirwood Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000.00	Common	\$.05	100	Common	\$.05
			THIS SECTION MUST BE COMPLETED		

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.

Signature

Date

Paul C. Jankowski

Print or Type Name

Vice President

Title

FILED
File Date FEB 08 2008
Check No. By 049243
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