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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 2009

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.	2. Name of Corporation		
34782	A & J Well Co., INc.		
3. Street Address Principal Business Office	City	State	Zip
77 North Main Street	Slatersville	RI	02876
4. Business Phone No.	5. State of Incorporation		
401-766-2832	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
John J. Wright, Jr.	Carol A. Wright
Street Address: 77 North Main Street	Street Address: 77 North Main St.
City: Slatersville; State: RI; Zip: 02876	City: Slatersville; State: RI; Zip: 02876
Secretary Name: Carol A. Wright	Treasurer Name: John J. Wright, Jr.
Street Address: 77 North Main Street	Street Address: 77 North Main Street
City: Slatersville; State: RI; Zip: 02876	City: Slatersville; State: RI; Zip: 02876

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
~~John J. Wright, Jr.~~	Carol A. Wright
Street Address: 77 North Main Street	Street Address: 77 North Main Street
City: Slatersville; State: RI; Zip: 02876	City: Slatersville; State: RI; Zip: 02876
Director Name: none	Director Name: none
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED

5,000 COMM NO PAR VALUE

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

[redacted] [redacted]

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.

Carol A Wright — 1-14-09
Signature — *Date*

CAROL A. WRIGHT
Print or Type Name

[redacted] VICE PRESIDENT
Title

File Date	1-16-09
Check No.	15322
By:	MMC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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