



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. 34782		2. Name of Corporation A & J Well Co., INC.	
3. Street Address Principal Business Office 77 North Main Street		City Slatersville	State RI
4. Business Phone No. 401-766-2832		5. State of Incorporation 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 John J. Wright, Jr.		Vice President Name Carol A. Wright	
Street Address 77 North Main Street		Street Address 77 North Main St.	
City Slatersville	State RI	City Slatersville	State RI
Zip 02876		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	City Slatersville	State RI
Zip 02876		Zip 02876	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name John J. Wright, Jr.		Director Name Carol A. Wright	
Street Address 77 North Main Street		Street Address 77 North Main Street	
City Slatersville	State RI	City Slatersville	State RI
Zip 02876		Zip 02876	
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 5,000 COMM NO PAR VALUE			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 100		Class/Series Common	Par Value No Par
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.			

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	1-16-09
Check No.	15322
By:	MMC
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	Carol A. Wright	Date	1-14-09
CAROL A. WRIGHT			
VICE PRESIDENT			
Title			