

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

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(c6*d)) is

subject to a penalty fee of \$25.0	0.					
1. Corporate ID No.	2. Name of Corpo	ration				
47744	R.J.W. E	ENTERPRISES, INC.				
3. Street Address Principal Business Office			City	State	Zip	
337 Armistice Box	ulevard		Pawtucket	RI	02861-0000	
4. Business Phone No.		5. State of Incorporation				
		RI				
6. Brief Description of the Char		ed in Rhode Island				
operation of a dor		s typeth newskannens on the way the special account of \$200 at 1,121 of the 150	- 524.7577499989799999999999999999999		were same of the property were the contract of	
DOF CONTROL OF DESCRIPTION OF STATE OF THE S	SSES OF THE OFFIC	ers. <i>("X" box for atta</i>		SPACES BEFORE USING A	VITACHMENTS	
President Name			Vice President Name			
Carlos Santos			Carlos Santos			
Street Address			Street Address			
3 Carlton Lane			3 Carlton Lane			
City	State	Zip	City	State	Zip	
Foxboro	MA	02035-	Foxboro	MA	02035-	
Secretary Name			Treasurer Name			
Carlos Santos			Carlos Santos			
Street Address			Street Address			
3 Carlton Lane		· · · · · · · · · · · · · · · · · · ·	3 Carlton Lane			
City	State	Zip	City	State	Zip 02025	
Foxboro	MA	02035-	Foxboro	MA	02035-	
26-26 38-27 C.	SSES OF THE DIREC	TORS: ("X" BOX FOR ATT	7 Marie 11 Control 1 Contr	N SPACES BEFORE USING	AITACHMENIS	
Director Name			Director Name			
Carlos Santos			: none : Street Address			
Street Address 3 Carlton Lane			Street Address none			
		T 7:	<u> </u>	State	Zip	
Foxboro	State MA	02035-	City none	none	none	
Director Name		h	Director Name			
none			none			
Street Address			Street Address			
none			none			
City	State	Zip	City	State	Zip	
none	none	none	none	none	none	
9. SHARES AUTHORIZE	D		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
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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.			Number of Shares	Class/Series	Par Value	
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		corporation by an authorize		orporation is in the hands	of a receiver or trustee,	

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Under penalty of perjury, I declare and a including any accompanying schedules a contained herein are true and correct.	
Carlos Sans	01/05/09
Signature	Date
Carlos Santos	
Print or Type Name President	
Title	