



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 144583		2. Name of Corporation A & J Mold, Inc.			
3. Street Address Principal Business Office 43 DEXTER ROAD		City EAST PROVIDENCE	State RI	Zip 02914-	
4. Business Phone No. 4014347667		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN DESIGNING, PRODUCING, MANUFACTURING AND SELLING MOLDS OF ALL TYPES					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL J WOOD		Vice President Name			
Street Address 56 OXFORD STREET		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	
Secretary Name MICHAEL J WOOD		Treasurer Name MICHAEL J WOOD			
Street Address 56 OXFORD STREET		Street Address 56 OXFORD STREET			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
Director Name		Director Name			
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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	COMMON	\$1.00 PAR VAI

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.



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File Date 2-17-09

Check No. 7859

By: MNC

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 Date

MICHAEL J WOOD

Print or Type Name

PRESIDENT

Title

Form 630 12/05