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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(c), 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			
23462	J. ENTERPRISES, INC.			
3. Street Address Principal Business Office		City	State	Zip
155 TAUNTON AVENUE		EAST PROVIDENCE	RI	02914
4. Business Phone No.	5. State of Incorporation			
401-431-9183	MASSACHUSETTS			

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		
PAUL SROCZYNSKI			PAUL SROCZYNSKI		
Street Address			Street Address		
PSC 812 BOX 3560			PSC 812 BOX 3560		
City	State	Zip	City	State	Zip
FPO	AE	09627-3560	FPO	AE	09627-3560
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
PAUL SROCZYNSKI					
Street Address			Street Address		
PSC 812 BOX 3560					
City	State	Zip	City	State	Zip
~~FPO~~ FPO	AE	09627-3560			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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
50	A/A	1000 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.

Signature *Date* 1/26/09

PAUL SROCZYNSKI
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
Check No.	FEB 24 2009
By:	248972

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Form 630 Rev. 08/08

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