

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 2009
401.222.30
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(e\frac{\psi}{\psi} d)) is

subject to a penalty fee of \$25.00.			and report a form and group (200) an	ego agair not time presentites ny u	· (M.1.0.1., 7-1, 1-1, 101(10)	
1. Corporate ID No. 59762	2. Name of Corp MJ TRANS	2. Name of Corporation MJ TRANSPORTATION COMPANY, INC.				
3. Street Address Principal Business Office 130 Chapel Street			City Block Island	State RI	^{Zip} 02807	
4. Business Phone No. 5. State of Incorporation Rhode Island			•			
 Brief Description of the Charac Purchase, sell, own and 						
	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name John R. Leone			Vice President Name John R. Leone			
Street Address P.O. Box 129			Street Address P.O. Box 129			
сиу Block Island	State RI	^{Zip} 02807	City Block Island	State RI	^{Zip} 02807	
Secretary Name William Blanchette			Treasurer Name William Blanchette			
Street Address 200 Indian Corner Road			Street Address 200 Indian Corner Road			
^{Cuv} Saunderstown	State RI	02874	Gty Saunderstown	State RI	^{Zip} 02874	
	SES OF THE DIRE	ECTORS: ("X" BOX FOR AT		N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name None			Director Name			
Street Address			Street Address			
ĹΨ _J r	State	Zip	Cin	State	Zip	
Director Name	J		Director Name			
Street Address			Street Address			
CHy	State	Zip	СИу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			200	Common	No par value	
					···	
This report must be execu-	ted on behalf of tl	he corporation by an authoriz	ed representative. If the c	orporation is in the hand	s of a receiver or truste	
his report must be execute	ed on behalf of th	e corporation by the receiver	or trustee.			
			41.6			
			Under penalty of princluding any according	erjury, I declare and affirm a ompanying schedules and sta	that I have examined this I atements, and that all state	
APP B PHONE			containe d hor ein a	re true and correct	_ 1 _	
File Date				JUNK AD	ne 2/10	
Check No. FEB 2 5 200	19		Signature	Γ΄	Date	
r	2		John R. Leo			
By Ey 3	<u> </u>	_ _	Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		Title			
			rnie			