

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. subject to a penalty fee of \$25.	7-1.2-1301(e), each corporation fauing or refusi 00.	ng to file its annual report within thirty (30) at	tys after the time prescribea	by tall (K1.G.L, 7-1.2-1.301((Ca)) t
1. Corporate ID No. 82866	2. Name of Corporation J&J BROTHERS, INC.			
3. Street Address Principal Businuss Office 585 TIOGUE AVENUE		COVENTRY	State RI	Ζίμ <b>02816</b>
4. Decoimoso Dhoma Via	5 State of I	ncorporation		

585 TIOGUE AVENUE			COVENTRY	RI	02816	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					-	
6. Brief Description of the Character of OPERATING A BUSINESS			AIR, OR SERVICE STATION			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name PIERRE BOUKARIM			Vice President Name GABY BOUKARIM			
Street Address 585 TIOGUE AVENUE			Street Address 585 TIOGUE AVENUE			
COVENTRY	State RI	<sup>Zip</sup> 02816	COVENTRY	State RI	<sup>Zip</sup> 02816	
Secretary Name PIERRE BOUKARIM			Treasurer Name GABY BOUKARIM			
Street Address 585 TIOGUE AVENUE			Street Address 585 TIOGUE AVENUE			
City: COVENTRY	State RI	<i>гір</i> 02816	CUy COVENTRY	State RI	<i>zip</i> <b>02816</b>	
8. NAMES AND ADDRESSES Director Name PIERRE BOUKARIM	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT)   FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS	
Street Address 585 TIOGUE AVENUE			Street Address 585 TIOGUE AVENUE			
City COVENTRY	State RI	Ζίρ 0 <b>2</b> 816	City COVENTRY	State RI	<sup>Zip</sup> 02816	
Director Name			Director Name			
Street Address			Street Address			
City :	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ SSUED SHARES — THIS SECTION MUST BE COMPLETED				
This information is currently	of record in the Offi-	ce of the Secretary of	Number of Shares	Class/Series	Par Value	

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		ILE	3 <b>1</b> /	
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State. Changes require an additional filing. See Section 9 of

instruction sheet.

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.

COMMON

Pita	Benl	1.15-09	_
Signature		Date	
DIEDDE DA			

## PIERRE BOUKARIM

Print or Type Name

PRESIDENT

NO PAR