



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(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. 147338 | | 2. Name of Corporation A & J CONSTRUCTION INC. | | | |
| 3. Street Address Principal Business Office 19 STARR STREET | | | City JOHNSTON | State RI | Zip 02919 |
| 4. Business Phone No. 401 640-8828 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island BUILDING & REMODELING HOMES | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS (EX: BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | Vice President Name | | |
| President Name ANTHONY RITACCO | | | NONE | | |
| Street Address 19 STARR STREET | | | Street Address | | |
| City JOHNSTON | State RI | Zip 02919 | City | State | Zip |
| Secretary Name NONE | | | Treasurer Name JOSEPH A. RITACCO | | |
| Street Address | | | Street Address 19 STARR STREET | | |
| City | State | Zip | City JOHNSTON | State RI | Zip 02919 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS (EX: BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED (EX: BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED (EX: BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1000 | COMMON N.P.V. | | 60 | COMMON | N.P.V. |
| THIS SECTION MUST BE COMPLETED | | | | | |

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 DIVISION
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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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AUG 06 2009

File Date
Check No.
By: [Signature]
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: [Signature] Date: 6/18/09
Print or Type Name: JOSEPH A. RITACCO
Title: TREASURER