



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 2010

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000069831		2. Name of Corporation P.J. RECREATION, INC.			
3. Street Address Principal Business Office 93 MANTON AVE		City PROV	State RI	Zip 02909	
4. Business Phone No. 944-1221		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island PUB					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES SWEENEY		Vice President Name PATRICIA SPIZZIRRI			
Street Address 23 ROSEVIEW DR		Street Address 23 ROSEVIEW DR			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name PATRICIA SPIZZIRRI		Treasurer Name JAMES SWEENEY			
Street Address 23 ROSEVIEW DR		Street Address 23 ROSEVIEW DR			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES SWEENEY		Director Name			
Street Address 23 ROSEVIEW DR		Street Address			
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 1,000	Class/Series COMMON	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.

11:23

File Date	FILED
Check No.	DEC 10 2009
By:	By 013105787
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 PATRICIA SPIZZIRRI Date 12-10-09
Print or Type Name PATRICIA SPIZZIRRI
Title SECRETARY - V.P.