

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

401.222.304

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

80169	Name of Corporation	AJO JALES	Inc.	State 0	Zib
Street Address Principal Business Office 577 Killingy	2T	,	SOHNETON	state RI	22919
Fusiness Phone No. 401-499- 7919		5. State of Incorporation	(工)		
Brief Description of the Character of the BULING AND E NAMES AND ADDRESSES OF esident Name	THE OFFICERS:	("X" BOX FOR ATTACL	+ TRUEKS HMENT) [] FILL IN SP Vice President Name	ACES BEFORE USING A	~3
City CRANTON State RI 210 02921		Street Address			
45 Any	Maie 1-	Zip 020 a l	City	State	Zip
CRANITON Some	<i>R</i> 3	02421	Treasurer Name		- 50 K
Secretary Name CARY TANTIMANAS Street Address 340 RITVATE QUE CITY CRANTON State AI 210 02921			Street Address 27 CT		
340 RITLATE	We Int	Zip 5292 i	City	State	Zip 5
. NAMES AND ADDRESSES O	F THE DIRECTO	RS: ("X" BOX FOR ATTA	ACHMENT) [] FILL IN Director Name	SPACES BEFORE USING	G ATTACHMENTS
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		1		("X" BOX FOR ATTAC	
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.			Number of Shares	Clasy/Series	Par Value
			0	0	0
This report must be executed this report must be executed o	on behalf of the co	orporation by an authoriz orporation by the receiver	Under penalty of including any act	periury I declare and affirm	n that I have examined this restatements, and that all statem
File DateFEB 09	2011	-		TANTIMON,	2/3/1/ Date 4c d
By 1368	289 2		Print or Type Nar	per T	
BY FOR SECRETARY OF ST	ATE USE ONLY		Title		Form 630 Rev. 08/0