

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

1. Corporate ID No. 121		2. Name of Corporation A & J DISTRIBUTORS, INC.				
3. Street Address Principal Business Office 9 Parade Street			City Providence	State Rhode Island	Zip 02909	
4. Business Phone No. 401-421-0991		5. State of Incorpora Rhode Island	5. State of Incorporation			
6. Brief Description of the Chan Wholesale Television F		Rhode Island	<u> </u>			
		CAN BON FOR	4 THE ACTOR AND THE STATE OF TH			
7: NAMES AND ADDRES President Name	SES OF THE OFFICERS	: ('X BOX FOR)	ATTACHMENT) TILL IN SP.	ACES BEFORE USING A	TTACHMENTS	
Anthony P. DiPaolo			Paul A. DiPaolo			
Street Address			Street Address			
15 Fourth Street			15 Fourth Street			
North Kingstown	State Rhode Island	Zip	City	State	Zip	
Secretary Name		02852	North Kingstown	Rhode Island	02852	
Paul A. DiPaolo			Treasurer Name Anthony P. DiPaolo			
Street Address			Street Address			
15 Fourth Street			15 Fourth Street			
City North Kingstown	State	Zip	City	State	Zip	
North Kingstown	RI	02852	North Kingstown	Rhode Island	02852	
Director Name	SES OF THE DIRECTOR	AS: ("X" BOX FOR	R ATTACHMENT) TILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS	
Anthony P. DiPaolo			Paul A. DiPaolo			
Street Address			Street Address			
15 Fourth Street			15 Fourth Street			
City	State	Zip	City	State	Zip	
North Kingstown	Rhode Island	J02852	: North Kingstown	Rhode Island	02852	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
0. 0171.7776 11777.077		1 _				
9. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)		"X" BOX FOR ATTACHS	MENT)	
Number of Shares Class/Series Par Value			ISSUED SHARES Number of Shares	01. 10.		
		747 74740		Class/Series	Par Value	
600 common no par value			600	common	without par value	
· · · · · · · · · · · · · · · · · · ·						
This report must be execu	ited on behalf of the cor	poration by an auth	orized representative. If the cor	poration is in the hands of	of a receiver or trustee,	
this report must be execu	ied on behalf of the corp	oration by the rece	iver or trustee.			
FI	FD		Under penalty of perj	jury, I declare and affirm tha	t I have examined this rep	
		٦	including any accomp	panying schedules and states	ments, and that all stateme	
File DateT	1 0044		Detta 2	PARIL	2-9-201	
File Date FEB 1 1 2011			Signature Date			
LED I	Check No.			25.00		
— -			A m + h = m + D = D	N:DI-		
— -	185		Anthony P. C	DiPaolo		
— -	185		Anthony P. D. Print or Type Name President	<u>DiPaolo</u>		