

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 2011

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 2 2 2 2	1 , ,		
. 541978	2. Name of Corporation B. J. ALAN COM	IPANY				
3. Street Address Principal Business Office 555 MARTIN LUTHER KING JR BLVD			YOUNGSTOWN	State OH	<i>Zip</i> 44502-1102	
4. Business Phone No. 5. Sta OH		5. State of Incorporation OH				
6. Brief Description of the Character SALE OF FIREWORKS - T	of Business Conducted in K ENTS	bode Island		A 2 2 3 4 2 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4		
7, NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
BRUCE J ZOLDAN			ALAN ZOLDAN			
Street Address 555 MARTIN LUTHER KING JR BLVD			Street Address 555 MARTIN LUTHER KING JR BLVD			
YOUNGSTOWN	State OH	<i>Zip</i> 44 502	City YOUNGSTOWN	State OH	^{Zip} 44502	
Secretary Name JERRY 8005TOCKY			Treasurer Name PETER S FRANK			
Street Address 555 MARTIN LUTHER KING JR BLVD			Street Address 555 MARTIN LUTHER KING JR BLVD			
YOUNGSTOWN	State OH	<i>^{Zip}</i> 44502	City YOUNGSTOWN	State OH	^{Zip} 44502	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATI	<i>ACHMENT)</i> [] FILL IN SP	ACES BEFORE USING A	TTACHMENTS	
Director Name	ESILIE : : : : : : : : : : : : : : : : : : :	estronomical control of the control	Director Name	Problem St. P. Co. Marie Co. Company Co. Co.		
WILLIAM WIEMER			HAROLD K HENCHAR			
Street Address			Street Address			
555 MARTIN LUTHER KING JR BLVD			555 MARTIN LUTHER KING JR BLVD			
City	State	Zip	City	State	Ζip	
YOUNGSTOWN	ОН	44502	YOUNGSTOWN	OH	44502	
Director Name	• • • • • • • • • • • • • • • • • • • •		Director Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED (*)	C BOX FOR ATTACHMI	I ENT) []	
			ISSUED SHARES — THIS SECTIO			
ODI 1 1 C 41 1 41	. f		Number of Shares	Class/Series	Par Value	
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.			500	500	1	
			THIS SECTION	TO CALLET WAR COME.	7 40 25" \$ 30" \$.4 4 100 70 10 10 10 10 10 10 10 10 10 10 10 10 10	
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpo	oration is in the hands of	a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	
	Kinv i i joji
Check No	
	3/57/70
By:	
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affin	m that I have examined this report
including any accompanying schedules and	statements, and that all statement
contained herein are true and correct.	/ /
contained herein are true and correct.	11/10/11

PETER S FRANK

Print or Type Name

TREASURER

Signature

Date