



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 2013

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. 788996		2. Name of Corporation GJSI, Inc			
3. Street Address Principal Business Office 4115 Post Rd P. O. Box 1169			City Charlestown	State RI	Zip 02813
4. Business Phone No. 401-364-1818		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Restaurant & Tavern					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Janice Falcone			Vice President Name		
Street Address P. O. Box 1169			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Beth Sherman			Treasurer Name Janice Falcone		
Street Address 883 Center Street			Street Address P. O. Box 1169		
City Wolfeboro	State NH	Zip	City Charlestown, RI	State RI	Zip 02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Janice Falcone			Director Name		
Street Address P. O. Box 1169			Street Address		
City Charlestown,	State RI	Zip 02813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 600	Class/Series No Par Value	Par Value Common

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.

FILED

File Date	JAN 09 2013
Check No.	
By:	Janice Falcone
	CH # 266
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.

Janice E. Falcone **1/7/2013**
Signature Date
Janice Falcone
Print or Type Name
Treasurer
Title