



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2013**

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

\* 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. 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 Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale Television Parts					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony P. DiPaolo			Vice President Name Paul A. DiPaolo		
Street Address 15 Fourth Street			Street Address 15 Fourth Street		
City North Kingstown	State Rhode Island	Zip 02852	City North Kingstown	State Rhode Island	Zip 02852
Secretary Name Paul A. DiPaolo			Treasurer Name Anthony P. DiPaolo		
Street Address 15 Fourth Street			Street Address 15 Fourth Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State Rhode Island	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony P. DiPaolo			Director Name Paul A. DiPaolo		
Street Address 15 Fourth Street			Street Address 15 Fourth Street		
City North Kingstown	State Rhode Island	Zip 02852	City North Kingstown	State Rhode Island	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	common no par value		600	common	without 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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 08 2013

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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

Date

Anthony P. DiPaolo

Print or Type Name

President

Title