

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

2013

law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation 3M & J, Inc. 81719 State Zψ 3. Street Address Principal Business Office 02840 RI Newport 373-376 Thames Street 5. State of Incorporation 4. Business Phone No. Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Operate a restaurant 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name sident Name Mohamed Badr Street Address Street Address 374-376 Thames Street State Zio City City State Ζįρ 02840 RI Newport Secretary Name Mohamed Badr Mohamed Badr Street Address Street Address 374-376 Thames Street 374-376 Thames Street Zin City State City State Zip 02840 RI 02840 Newport RI Newport 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Mohamed Badr Street Address Street Address 374-376 Thames Street Ζip State State Zip City Newport 02840 Director Name Street Address Street Address State Zφ State Zip City Ctty 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) g. shares authorized ("x" box for attachment) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED AUTHORIZED SHARES Par Value Class/Series Number of Shares Class/Series Par Value Number of Shares No Par Common 100 4,000 No Par Value THIS SECTIO 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,

* 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

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

•	FILED		·
	MAR 21 2013	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements	
RieDae	mne	contained herein are true and con Michigan Direct Signature	Date
Check NO.	1#4/66	Mohamed Badr Print or Type Name	
FOR SECRETARY OF STATE USE ONLY		President Title	
<u> </u>			Form 630 Rev. 12/06