



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11118		2. Exact name of the Corporation C & J FAMILY ENTERPRISES, INC.			
3. Principal office address 30 Bryant Road		City Cranston		State RI	Zip 02910
4. Business Phone No. 401 785-9888		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail, Wholesale Industrial Mil Plumbing Supplies Carol A. Doorley					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Carol A Doorley			Vice-President Name John H Doorley		
Street Address 30 Bryant Road			Street Address 30 Bryant Road		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Carol A Doorley			Treasurer Name Carol A Doorley		
Street Address 30 Bryant Road			Street Address 30 Bryant Road		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Carol A Doorley			Director Name		
Street Address 30 Bryant Road			Street Address		
City Cranston	State RI	Zip 02910400	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	Common N/A	No 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: _____

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.

334 FILED *Carol A Doorley*
Signature of Authorized Representative

05/09/2013

Date

FOR SECRETARY OF STATE USE ONLY

MAY 09 2013

Carol A Doorley President

Print or Type Name of Authorized Representative

BY *196860*