



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 2015

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. 32786 | | 2. Exact name of the Corporation AJ TRANSPORTATION INC | | | |
| 3. Principal office address 530 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY | | City LINCOLN | | State RI | Zip 02865 |
| 4. Business Phone No. 4017220166 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island CONTRACT CARRIER NON HAZARODUS MATERIAL NON HOUSEHOLD GOOD | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name DIANE M DEL FARNO | | | Vice-President Name DIANE M DEL FARNO | | |
| Street Address 200 HEROUX BLVD # 1706 | | | Street Address 200 HEROUX BLVD # 1706 | | |
| City CUMBERLAND | State RI | Zip 02864 | City CUMBERLAND | State RI | Zip 02864 |
| Secretary Name ALAN DEL FARNO | | | Treasurer Name DIANE M DEL FARNO | | |
| Street Address 200 HEROUX BLVD #1706 | | | Street Address 200 HEROUX BLVD #1706 | | |
| City CUMBERLAND | State RI | Zip 02864 | City CUMBERLAND | State RI | Zip 02865 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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) <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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 250 | | NO PAR |

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
Form No. 630
Revised: 01/2012

FILED

FEB 04 2015

By: *241532*

A.A.

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.

Diane M del Farno 1/12/15
Signature of Authorized Representative Date

DIANE M DEL FARNO PRESIDENT

Print or Type Name of Authorized Representative

RECEIVED
2015 FEB - 4 AM 9:06
SECRETARY OF STATE
CORPORATIONS DIV