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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.	2. Exact name of the Corporation
541958	A & J TRUCKING, INC.

3. Principal office address	City	State	Zip
P.O. Box 238	Glendale	RI	02826

4. Business Phone No.	5. State of Incorporation
~~401-233-0951~~ 401-473-6761	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TRUCKING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
ANTHONY S. FRANCISCO	ANTHONY S. FRANCISCO
Street Address: P.O. Box ~~238~~ 238	Street Address: P.O. Box ~~238~~ 238
City: Glendale, State: RI, Zip: 02826	City: Glendale, State: RI, Zip: 02826
Secretary Name	**Treasurer Name**
ANTHONY S. FRANCISCO	ANTHONY S. FRANCISCO
Street Address: P.O. Box ~~238~~ 238	Street Address: P.O. Box ~~238~~ 238
City: Glendale, State: RI, Zip: 02826	City: Glendale, State: RI, Zip: 02826

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
None	
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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100 Shares	Common	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.

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

FILED
MAR 05 2015
845
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.

Anthony Francisco — 3/2/15
Signature of Authorized Representative — Date

ANTHONY S. FRANCISCO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
117850-26-1029723