



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. Filing Number 122335		2. Exact name of the Corporation C.J.C. TRANSPORTATION, INC.			
3. Principal office address 3 Vineland Avenue		City North Providence		State RI	Zip 02911
4. Business Phone No. (401) 233-3331		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF TRANSPORTING MOTOR VEHICLES.					
President Name Gina M. Cabral			Vice-President Name Christopher J. Cabral		
Street Address 3 Vineland Avenue			Street Address 3 Vineland Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Gina M. Cabral			Treasurer Name Gina M. Cabral		
Street Address 3 Vineland Avenue			Street Address 3 Vineland Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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
			1000	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.

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

FILED
JAN 14 2016

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.

Gina M. Cabral January 12, 2016
Signature of Authorized Representative Date
GINA M. CABRAL

Print or Type Name of Authorized Representative