



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 2016

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. 47744		2. Exact name of the Corporation R.J.W. ENTERPRISES, INC.			
3. Principal office address 337 Armistice Boulevard		City Pawtucket	State RI	Zip 02861-0000	
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island operation of a donut shop					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Carlos Santos			Vice-President Name Carlos Santos		
Street Address 3 Carlton Lane			Street Address 3 Carlton Lane		
City Foxboro	State MA	Zip 02035-	City Foxboro	State MA	Zip 02035-
Secretary Name Carlos Santos			Treasurer Name Carlos Santos		
Street Address 3 Carlton Lane			Street Address 3 Carlton Lane		
City Foxboro	State MA	Zip 02035-	City Foxboro	State MA	Zip 02035-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Carlos Santos			Director Name none		
Street Address 3 Carlton Lane			Street Address none		
City Foxboro	State MA	Zip 02035-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			100	Common	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

FILED

JAN 21 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.

Carlos Santos
Signature of Authorized Representative

1/04/2016
Date

Carlos Santos
Print or Type Name of Authorized Representative
President