



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. 911555		2. Exact name of the Corporation A AND J RESTURANT ENTERPRISES INC.			
3. Principal office address 76 STATE STREET		City BRISTOL		State RI	Zip 02809
4. Business Phone No. 401-396-9588		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MEXICAN RESTURANT					
President Name JOHN R. LESIEUR			Vice-President Name ADOLFO E. SANDOVAL		
Street Address 10 SPRING ROAD			Street Address 76 STATE ST		
City NORTH KINGSTON	State RI	Zip 02852	City BRISTOL	State RI	Zip 02809
Secretary Name ADOLFO SANDOVAL			Treasurer Name JOHN R. LESIEUR		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
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 2000	CLASS/SERIES CNP	PAR VALUE \$0.0

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.

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.

Signature of Authorized Representative *John R. Lesieur* Date *2/15/2016*

Print or Type Name of Authorized Representative