

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. 000797128		2. Exact name of the Corporation O. & J. J. TRANSPORTATION, INC.			
3. Principal office address 638 OAKLAND BEACH AVENUE			City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-808-4458			5. State of Incorporation RI		
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 OSCAR PEREZ JR			Vice-President Name		
Street Address 639 OAKLAND BEACH AVE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Secretary Name OSCAR PEREZ JR			Treasurer Name OSCAR PEREZ JR		
Street Address 639 OAKLAND BEACH AVE			Street Address 639 OAKLAND BEACH AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name OSCAR PEREZ JR			Director Name		
Street Address 639 OAKLAND BEACH AVE			Street Address		
City WARWICK	State RI	Zip 02889	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)		
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	

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: _____
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 BY 1016

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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.

OSCAR PEREZ JR
 Signature of Authorized Representative Date

OSCAR PEREZ, JR
 Print or Type Name of Authorized Representative