



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2017 JAN 18 AM 9:39

1. Entity ID Number 32786		2. Exact name of the Corporation AJ TRANSPORTATION INC	
3. Principal Office Address 530 MOSHASSUCK VALLEY INDUSTRIAL HIGHWAY		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island CONTRACT CARRIER NON HAZARDOUS MATERIAL NO HOUSEHOLD GOODS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DIANE M DEL FARNO		Vice-President Name DIANE M DELFARNO	
Street Address 200 HEROUX BLVD #1706		Street Address 200 HEROUX BLVD #1706	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
Secretary Name DIANE M DEL FARNO ALAN		Treasurer Name DIANE M DEL FARNO	
Street Address 200 HEROUX BLVD #1706		Street Address 200 HEROUX BLVD #1706	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		250 NO PAR	
11. 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.			
Name of Authorized Representative DIANE M DEL FARNO		Date 1/17/17	
Signature of Authorized Representative <i>DIANE M DEL FARNO</i>		SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY

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FORM 630 - Revised: 10/2016