



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.

1. Entity ID Number 42867		2. Exact name of the Corporation AJAR, INC.	
3. Principal Office Address 610 Douglas Pike		City Providence	State RI
		Zip 02903	
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A RESTAURANT AND PUB		
5. State of Incorporation Rhode Island	<i>1122511</i>		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Albert Mottola		Vice-President Name Roxanne Mottola	
Street Address 140 Spring Lake Road		Street Address 140 Spring Lake Road	
City Glendale	State RI	Zip 02826	City Glendale
			State RI
			Zip 02826
Secretary Name Roxanne Mottola		Treasurer Name Albert Mottola	
Street Address 140 Spring Lake Road		Street Address 140 Spring Lake Road	
City Glendale	State RI	Zip 02826	City Glendale
			State RI
			Zip 02826
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	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
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			
100	Common	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 Albert Mottola		Date 9-5-17	
Signature of Authorized Representative <i>Albert Mottola</i>		FILED	
		SEP 15 2017	
		BY 1305 DS	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov