



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 <i>122511</i>		
5. State of Incorporation Rhode Island			
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	City Glendale	State RI
Zip 02826		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	City Glendale	State RI
Zip 02826		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	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
		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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016