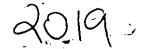
RI SOS Filing Number: 201987657160 Date: 2/21/2019 4:00:00 PM



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

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.

808825		2. Exact name of the Corporation AJF Enterprises, Inc.				
0U00 2 3	AJF En					
Principal office address P. O Box 760			City Block Island	State RI	^{Zio} 02807	
4. Business Phone No.			5 State of Incorporation Rhode Island			
Brief description of the c Construction and p		conducted in Rhode Island nance	,			
	NAMES AND ADDR	ESSES) ("X" BOX FOR AT				
President Name Arnold J. Flaig			Vice-President Name			
Street Address P. O. Box 760			Street Address			
Block Island	State RI	Zi0 02807	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
ity	State	Žip	City	State	Zip	
	(NAMES AND ADD	PRESSES) ("X" BOX FOR	ATTACHMENT)			
rector Name Arnold J. Flaig			Director Name			
Street Address P. O. Box 760			Street Address			
Slock Island	State RI	^{Zip} 02807	City	State	Zip	
irector Name	, , l .,		Director Name	<u> </u>	.1,	
treet Address			Street Address	<u>. </u>		
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED	l		10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
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	Α	No par value	
This report must be execu	led on behalf of the this report mu	corporation by an authorize	ad representative. If the corporation by the r	corporation is in the han eceiver or trustee.	ds of a receiver or trustee	
File Date		FILED	Under penalty of p	erjury, I declare and af	firm that I have examine schedules and statemer are true and correct.	
Check No			- Caullet	Hays	2/19/1	
Ву:		FEB 2 1 20	2.3	ized Representative	Date	
FOR SECRETARY OF S	TATE USE ONLY	12719	Arnold J. Flai	-		
rm No. 630		BY	Print-or-Type Name	of Authorized Represer	itative	

Form No. 630 Revised: 01/2012