



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 FEB 27 AM 11:56

1. Entity ID Number 121		2. Exact name of the Corporation A & J Distributors, Inc.			
3. Principal Office Address 23 Fourth Street			City North Kingstown	State RI	Zip 02852
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island Wholesale television parts.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony P. DiPaolo			Vice-President Name Paul A. DiPaolo		
Street Address 15 Fourth Street			Street Address 15 Fourth Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Paul A. DiPaolo			Treasurer Name Anthony P. DiPaolo		
Street Address 15 Fourth Street			Street Address 15 Fourth Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony P. DiPaolo			Director Name Paul A. DiPaolo		
Street Address 15 Fourth Street			Street Address 15 Fourth Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 600 common 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 600	CLASS/SERIES common	PAR VALUE without par value
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 Anthony P. DiPaolo				Date 2-1-19	
Signature of Authorized Representative <i>Anthony P. DiPaolo</i>					

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

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FORM 630 - Revised: 10/2017