



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 139719		2. Name of Corporation JAF Corporation	
3. Street Address Principal Business Office 303 WALCOTT STREET		City PAWTUCKET	State RI
		Zip 02860	
4. Business Phone No. 401-265-4184	5. State of Incorporation RHODE ISLAND		6. SIC Code 6395
7. Brief Description of the Character of Business Conducted in Rhode Island PACKAGE DELIVERY			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOHN A FIDALGO		Vice President Name JOHN A FIDALGO	
Street Address 303 WALCOTT STREET		Street Address 303 WALCOTT STREET	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02860
Secretary Name JOHN A FIDALGO		Treasurer Name JOHN A FIDALGO	
Street Address 303 WALCOTT STREET		Street Address 303 WALCOTT STREET	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JOHN A FIDALGO		Director Name	
Street Address 303 WALCOTT STREET		Street Address	
City PAWTUCKET	State RI	Zip 02860	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
			Class/Series
			Par Value
100	\$1.00	PAR VALUE	100
			1.00

DEC 29 11:53:58
 2005

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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139719 DBC 10 10 09 09 04 AM

FILED

File Date: **DEC 29 2005**

Check No. _____

By: **1186561**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: *[Handwritten Signature]* Date: _____

Print or Type Name of Officer: **JOHN FIDALGO**

Title of Officer: **PRESIDENT**