



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019** *Amended*
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 JUL -1 AM 11:02

1. Entity ID Number 000032786		2. Exact name of the Corporation A.J. Transportation, Inc.			
3. Principal Office Address 530 Moshassuck Valley Ind. Hwy		City Lincoln		State RI	Zip 02865
4. NAICS Code 336120		6. Brief description of the character of business conducted in Rhode Island Contract Carrier, Non-Hazardous Material, No Household Goods			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mokhira Nomazova			Vice-President Name Mokhira Nomazova		
Street Address 9818 Mosswood Road			Street Address 9818 Mosswood Road		
City Richmond	State VA	Zip 23236	City Richmond	State VA	Zip 23236
Secretary Name Mokhira Nomazova			Treasurer Name Mokhira Nomazova		
Street Address 9818 Mosswood Road			Street Address 9818 Mosswood Road		
City Richmond	State VA	Zip 23236	City Richmond	State VA	Zip 23236
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mokhira Nomazaova			Director Name		
Street Address 9818 Mosswood Road			Street Address		
City Richmond	State VA	Zip 23236	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		PAR VALUE	
250				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 Mokhira Nomazova				Date July 1, 2019	
Signature of Authorized Representative <i>Mokhira Nomazova</i>					

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

FILED

JUL 01 2019

BY *[Signature]*

FORM 630 - Revised: 10/2017