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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 22 2020
BY 1720 05

Annual Report for the year: 2020
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	2. Exact name of the Corporation
000097583	**ALIJACK, INC.**

3. Principal Office Address	City	State	Zip
36 Smith Avenue	**Greenville**	**RI**	**02828**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	**The operation of a restaurant or lounge.**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
James E. Belknap	**37 Orchard Ave**	**Greenville**	**RI**	**02828**

Vice-President Name	Street Address	City	State	Zip
Diane M. Belknap	**37 Orchard Ave**	**Greenville**	**RI**	**02828**

Secretary Name	Street Address	City	State	Zip
Diane M. Belknap	**37 Orchard Ave**	**Greenville**	**RI**	**02828**

Treasurer Name	Street Address	City	State	Zip
James E. Belknap	**37 Orchard Ave**	**Greenville**	**RI**	**02828**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**No 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	Date
Diane M. Belknap	**1/16/2020**

Signature of Authorized Representative
Diane M Belknap

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: 10/2017