



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 OR PRINTED IN BLACK)

1. Corporate ID No. 143453		2. Name of Corporation J. MOURAO, INC		
3. Street Address Principal Business Office 57 Appleton Avenue		City Pawtucket	State R.I.	Zip 02860
4. Business Phone No. 401-640-3223		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE DELIVERY SERVICES TO RETAILERS AND THE PUBLIC				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John B. Mourao		Vice President Name John B. Mourao		
Street Address 57 Appleton Avenue		Street Address 57 Appleton Avenue		
City Pawtucket	State R.I.	Zip 02860	City Pawtucket	State R.I.
Secretary Name John B. Mourao		Treasurer Name John B. Mourao		
Street Address 57 Appleton Avenue		Street Address 57 Appleton Avenue		
City Pawtucket	State R.I.	Zip 02860	City Pawtucket	State R.I.
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name John B. Mourao		Director Name		
Street Address 57 Appleton Avenue		Street Address		
City Pawtucket	State R.I.	Zip 02860	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 NO PAR VALUE				Common
				- 0 -

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



File Date	1-25-05
Check No.	1/19/0
By:	
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

John B. Mourao

Print or Type Name of Officer

President

Title of Officer

1/20/05
Date