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2020 OCT 27 A 9:56

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

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: 428657	2. Exact name of the Corporation: AJAR, INC.		
3. Principal Office Address: 818 Douglas Pike	City: Providence	State: RI	Zip: 02893
4. NAICS Code: 722513	6. Brief description of the character of business conducted in Rhode Island: THE OPERATION OF A RESTAURANT AND PUB		
5. State of Incorporation: Rhode Island			

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

President Name: Albert Mottola			Vice-President Name: Rosanne Mottola		
Street Address: 140 Spring Lake Road			Street Address: 140 Spring Lake Road		
City: Glendale	State: RI	Zip: 02826	City: Glendale	State: RI	Zip: 02826
Secretary Name: Rosanne Mottola			Treasurer Name: Albert Mottola		
Street Address: 140 Spring Lake Road			Street Address: 140 Spring Lake Road		
City: Glendale	State: RI	Zip: 02826	City: Glendale	State: RI	Zip: 02826

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

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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment: ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	Number of Shares	Classes	Par or No Par
	100	Common	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: Albert Mottola	Date: 8-25-20
Signature of Authorized Representative: Albert Mottola, Pres	

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 10/2016

FILED

OCT 27 2020

BY YEGHZ
A.A.