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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	2 Exact name of the Corporation		
42867	AJAR, INC.		
3 Principal Office Address: 818 Douglas Pike	City: Providence	State: RI	Zip: 02983
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	Class of Shares	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: 9-25-20

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.