RI SOS	Filing Number:

iling Number: 202341690780 Date: 9/13/2023 4:00:00 PM

State of Rhede Island	
Department of State - Business Services Division	

Annual Report for the year: Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

SEP 13 2023 02 1003

Entity ID Number	2. Exact name of the Corporation										
000091315	A. J. C. INC.										
3. Principal Office Address				City			State	Zip			
316 LOVE LANE			EAST GREEENWICH			RI	02818				
4. NAICS Code	6. Brief descripti	6. Brief description of the character of business conducted in Rhode Island									
236110											
5. State of Incorporation											
RI	BUILDING HOMES										
7. List ALL officers (names and addresses) Check the box to indicate an attachment											
President Name	Vice-President Name							te an attachment			
ANDREW J. CATANZ	ZARO			Vice-Fresident Name							
Street Address	AMO		•	Street Address							
316 LOVE LANE						Oreal violate					
City	State	Ζφ		City		State	1:	Zin			
EAST GREEENWICH		Ι΄.		City		State	'	Zip			
Secretary Name	L KI	ΙÜ	2818	Treasurer I	Nama	1					
Jedietary Name				1160301611	4ame						
Street Address				Street Add	ress	·					
City	State	Zip		City		State		Zip			
^		'						•			
8. List ALL directors (names and	addresses)		····		Che	eck the bo	ox to indica	te an attachment			
					Director Name						
Street Address			Street Address								
City	State	Zip		City		State	[2	Zip			
Director Name				Director Na	ime						
Street Address				Street Address							
		r									
City	State	Zip		City State		State	[4	Zip			
<u> </u>		Ц,				<u>. </u>					
9. Shares Authorized		\dashv	10. Shares Issued				ox to indica	te an attachment			
This information is currently of record in the		ŀ	NUMBER OF SH	ARES	•		PAR VALUE				
1 '	Department of State.		150		COMMON		100				
Changes require an additional to			- * *								
11. This report must be executed						is in the h	nands of a r	eceiver or			
trustee, this report must be execu								shadulaa amd			
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				
Signature of Authorized Representative											
ANDREW J. CATANZARO											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov