



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3244		2. Name of Corporation C & J FORMS, INC.		
3. Street Address Principal Business Office 426 Smith Street		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-295-2218		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island Concrete construction, commercial buildings and highways				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jeffrey Johnson		Vice President Name Susan Johnson		
Street Address 859 Carrs Pond Road		Street Address Same		
City East Greenwich	State RI	Zip 02818	City	State
Secretary Name Jeffrey Johnson		Treasurer Name Jeffrey Johnson		
Street Address Same		Street Address Same		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jeffrey Johnson		Director Name		
Street Address Same		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series Common	Par Value No Par

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.

**FILED**

File Date JAN 31 2011

Check No. \_\_\_\_\_

By: BY 3739

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 [Signature] Date 1/19/11

JEFFREY JOHNSON  
Print or Type Name  
President  
Title