



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

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. 129817	2. Name of Corporation JOSE M SOUSA INC		
3. Street Address Principal Business Office 49 LEMIS ST	City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401 828-3517	5. State of Incorporation RI		

6. Brief Description of the Character of Business Conducted in Rhode Island  
MANSOURY

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSE M SOUSA	Vice President Name JOSE M SOUSA
Street Address 49 LEMIS ST	Street Address 49 LEMIS ST
City COVENTRY	City COVENTRY
State RI	State RI
Zip 02816	Zip 02816
Secretary Name ORLAND	Treasurer Name JOSE SOUSA
Street Address 49 LEMIS ST	Street Address 49 LEMIS ST
City COVENTRY	City COVENTRY
State RI	State RI
Zip 02816	Zip 02816

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

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

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES	ISSUED SHARES — THIS SECTION MUST BE COMPLETED
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1000	00
CC	

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 29 2008

Check No.: 048089 10152

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: JOSE M SOUSA Date: 1/22/08

Print or Type Name: JOSE M SOUSA

Title: \_\_\_\_\_