



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 54820		2. Name of Corporation J.S.E., Inc.	
3. Street Address Principal Business Office 175 Elk Drive			City Tiverton
			State RI
			Zip 02878
4. Business Phone No. (401) 625-1177		5. State of Incorporation Rhode Island	
6. SIC Code 6650			
7. Brief Description of the Character of Business Conducted in Rhode Island Dispatching services			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Carol L. Poland		Vice President Name David S. Poland	
Street Address 175 Elk Drive		Street Address 175 Elk Drive	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
Secretary Name Carol L. Poland		Treasurer Name Carol L. Poland	
Street Address 175 Elk Drive		Street Address 175 Elk Drive	
City Tiverton	State RI	City Tiverton	State RI
Zip 02878		Zip 02878	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
6,000 Common No Par Value			
		400	Common
			No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



5 4 8 2 0

File Date 3-4-04

Check No. 4954

By: [Signature]

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] Date 3.24.04

Signature of Officer

Carol L. Poland

Print or Type Name of Officer

President

Title of Officer