



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 2003**

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
4. Business Phone No. 401-625-5111		5. State of Incorporation Rhode Island	6. SIC Code 6676
7. Brief Description of the Character of Business Conducted in Rhode Island Dispatching Service			

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	Zip 02878-2552	City Tiverton	State RI	Zip 02878-2552
Secretary Name Carol L. Poland			Treasurer Name Carol L. Poland		
Street Address 175 Elk Drive			Street Address 175 Elk Drive		
City Tiverton	State RI	Zip 02878-2552	City Tiverton	State RI	Zip 02878-2552

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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	Number of Shares	Class/Series	Par Value
6,000	Common	No Par Value	400	Common	No Par Value

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

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.

File Date FEB 25 2003  
 Check No. CM# 3  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

[Signature] 2.25.03  
 Signature of Officer Date  
 Carol L. Poland  
 Print or Type Name of Officer  
 President  
 Title of Officer