



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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. **401-425-1177** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6676**

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **DAVID S. POLAND**

Vice President Name

Street Address **175 ELK DRIVE**

Street Address

City **TIVERTON** State **RI** Zip **02878**

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip City State Zip

9. 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 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)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

6,000 SHS NO PAR COM

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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 *

File Date: **Feb 17 99**

Check No.: **4490**

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] **2/2/99**
Signature of Officer Date

DAVID POLAND
Print or Type Name of Officer

President
Title of Officer