

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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040[| LOGOUT |](#)**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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.

ANNUAL REPORT YEAR: 2012**1. Corporate ID No.** 000130184**2. Name of Corporation** Jump Tec Inc.**3. Street Address Principal Business Office:**

No. and Street: 115 SUFFOLK AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02861

Country: USA

4. Business Phone No.401 6405941**5. State of Incorporation**

State: RI

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

IMPORT/EXPORT ELECTRONIC EQUIPMENT

FILED

JAN 31 2012

BY 128**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	PRESIDENT	JORGE ARIAS	115 SUFFOLK AVENUE PAWTUCKET, RI 02861- USA

Select From Below ▼ Title: President

First Name: Jorge Middle Name: ARIAS Last Name: _____ Suffix: SR
 Address: 115 SUFFOLK AV City: PAWTUCKET State: RI Zip: 02861 Country: USA

Clear

Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	1,000.00	0.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Norman E LecoursBusiness Name: Sanco Financial SvcsNo. and Street: 1390 Mendon Rd

- Same Address as - ▼

City or Town: CumberlandState: RIZip: 02864

Country: _____

Contact Phone: 334-2776 ext: _____Contact Email: nelecours@msn.com

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 14 Day of January, 2012 at 11:35:02 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By

Norman E Lecours

Signature of Authorized Representative of the Corporation

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JAN 31 2012

BY ID 130184pg 2