STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE	TO FILE THIS REF	PORT BY MARCH 31 WIL	L RESULT IN A \$25.0	PENALTY	FEE.			
	2. Exact name of the Corporation							
789548								
000000000	JYST VASQUEZ INC							
3. Principal office address			City		State	e Zip		
305 LANGDON ST			PROVIDENCE	€	RI	02904		
4. Business Phone No.			5. State of Incorporation					
401-429-8372			RI					
Brief description of the character	acter of business co	nducted in Rhode Island						
TRUCKING					5			
7. LIST ALL OFFICERS (NAI	MES AND ADDRES	SSES) ("X" BOX FOR AT						
President Name			Vice-President Name					
Street Address			Street Address					
Slieet Address			Officer Address					
City	State	Zîp	City		State	Zip		
Secretary Name			Treasurer Name					
JOSE E VASQUEZ	JOSE E VASQUEZ			JOSE E VASQUEZ				
Street Address	Street Address			Street Address				
305 LANGDON STR	EET	_	305 LANGDO	ON STRE	ET			
City	State	Zip	City		State	Zip		
PROVIDENCE	RI	02904	PROVIDENCE	3	RI	02904		
8. LIST ALL DIRECTORS (NA	AMES AND ADDRI	ESSES) ("X" BOX FOR A	· · · · · · · · · · · · · · · · · · ·					
Director Name			Director Name					
JOSE E VASQUEZ								
Street Address			Street Address					
305 LANGDON STR		Т				T-=:		
City	State	Zip	City		State	Zip		
PROVIDENCE	RI	02904						
Director Name			Director Name					
JOSE E VASQUEZ			Street Address					
Street Address 305 LANGDON STREET			Street Address					
City	State	Zip	City		State	Zip		
PROVIDENCE	RI	02904	City		Olule			
9. SHARES AUTHORIZED	1	1 3 2 3 3 3	10. SHARES ISSU	IED ("X" BO	X FOR ATTACH	MENT)		
			NUMBER OF SHARES					
This information is currently		Office of the Secretary	100	COMPAC	NAT .			
of State. Changes require an additional filing. See Section 9 of instruction sheet.		100	COMMO	<u> </u>				
TTT TOURSE OF MONOCOUNT								
This report must be execu	ited on behalf of the	corporation by an authorize	ed representative. If the	corporation i	s in the hands of	a receiver or trustee,		
	this report mu	ist be executed on behalf of	the corporation by the	receiver or tr	ustee.			

File Date	FILED	Under penalty of perjury, I declare and affire this report, including any accompanying scand that all statements contained herein are	hedules and statement
Check No	MAR 1 8 2013	Der Meds	
ъу,	BY 1018	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY	.	JOSE E VASQUEZ	

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative