

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 2014

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

1. Entity ID No.		2. Exact name of the Corporation				
100851	SJP Er	SJP Enterprises, Inc.				
3. Principal office address 242 Lake Garden Drive			City Cranston	State RI	Zip 02920	
4. Business Phone No. 486-0650			5. State of Incorporation Rhode Island			
Brief description of the on Hauling of any and		s conducted in Rhode Islan a For Hire Carrier	d			
LIST ALL OFFICERS (NAMES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)	•		
President Name Scott Patalano			Vice-President Name Scott Patalano			
Street Address 242 Lake Garden Drive			Street Address 242 Lake Garden Drive			
ity Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920	
Secretary Name Scott Patalano			Treasurer Name Scott Patalano			
Street Address 242 Lake Garden Drive			Street Address 242 Lake Garden Drive			
City Cranston	State RI	Zip 02920	City State RI		Zip 02920	
	(NAMES AND ADI	DRESSES) ("X" BOX FOR				
Pirector Name Scott Patalano			Director Name			
Street Address			Street Address			
242 Lake Garden D	rive					
ity Cranston	State RI	Zip 02920	City	State	Zip	
pirector Name			Director Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			None			
This report must be execu		corporation by an authorize			nds of a receiver or trustee.	
File Date		FILED	Under penalty of p	erjury, I declare and at	ffirm that I have examined schedules and statements are true and correct	
Check NoBy:	<i>J</i> ,	AN 10 2014	Signature of Author	ized Representative	12 (20)	
•		L ZUI4	Scott Patalance	•	Date	
FOR SECRETARY OF S	TATE US NLY	Dso.			ntativa	
rm No. 630	_		Print or Type Name	of Authorized Represe	mauve	

Revised: 01/2012