

## 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

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 40326	I	2. Exact name of the Corporation  JAROB ENTERPRISES, LTD.				
3. Principal office address C/O JAWHARJIAN LAW OFFICES, LLC			City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 401-383-1244			5. State of Incorporation RHODE ISLAND			
6. Brief description of the char REAL ESTATE	acter of busines	ss conducted in Rhode Islar	nd .			
7. LIST ALL OFFICERS (NAI	MES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)	· · · · · · · · · · · · · · · · · · ·		
President Name ANN BLANCHETTE			Vice-President Name ROBERT G. BLANCHETTE			
Street Address 10 THAYER STREET			Street Address 10 THAYER STREET			
City <b>UPTON</b>	State MA	Zip <b>01568</b>	City State MA		Zip <b>01568</b>	
Secretary Name ROBERT G. BLANCHETTE			Treasurer Name ANN BLANCHETTE			
Street Address 10 THAYER STREET			Street Address 10 THAYER STREET			
City UPTON	State MA	Zip <b>01568</b>	City State MA		Zip 01568	
8. LIST <u>all</u> directors (NA	MES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name ROBERT G. BLANCHE	TTE		Director Name ANN BLANCHE	ETTE		
Street Address 10 THAYER STREET			Street Address 10 THAYER STREET			
City UPTON	State MA	Zip <b>01568</b>	City State MA		Zip <b>01568</b>	
Director Name			Director Name	·		
Street Address			Street Address	·		
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
And the second s		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
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.			100	COMMON	0	
This report must be executed of	on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the hand	ls of a receiver or trustee,	
File Date		ist be executed on behalf of FILED	Under penalty of p this report, includi	erjury, I declare and affi	rm that I have examined schedules and statements, re true and correct	
Check No	<del></del>	MAR 12 20		How Chit I	02/10/2014	
Ву:		my linea	Signature of Author	ized Representative	Date	
FOR SECRETARY OF STATE	USE ONLY	RA		ANN BLAN of Authorized Represent		
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Revised: 01/2012