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

1. Entity ID No.	2. Exact name of the Corporation
40326	JAROB ENTERPRISES, LTD.

3. Principal office address	City	State	Zip
C/O JAWHARJIAN LAW OFFICES, LLC	JOHNSTON	RI	02919

4. Business Phone No.	5. State of Incorporation
401-383-1244	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
REAL ESTATE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
ANN BLANCHETTE			ROBERT G. BLANCHETTE		
Street Address: 10 THAYER STREET			Street Address: 10 THAYER STREET		
City: UPTON	State: MA	Zip: 01568	City: UPTON	State: MA	Zip: 01568
Secretary Name: ROBERT G. BLANCHETTE			Treasurer Name: ANN BLANCHETTE		
Street Address: 10 THAYER STREET			Street Address: 10 THAYER STREET		
City: UPTON	State: MA	Zip: 01568	City: UPTON	State: MA	Zip: 01568

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
ROBERT G. BLANCHETTE			ANN BLANCHETTE		
Street Address: 10 THAYER STREET			Street Address: 10 THAYER STREET		
City: UPTON	State: MA	Zip: 01568	City: UPTON	State: MA	Zip: 01568
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	0

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 12 2014
BY 1659

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.

Ann Blanchette — 02/10/2014
Signature of Authorized Representative — Date

~~PRE~~SIDENT ANN BLANCHETTE
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012