

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 789548 00000000		2. Exact name of the Corporation JYST VASQUEZ INC			
3. Principal office address 305 LANGDON ST			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-429-8372			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TRUCKING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name JOSE E VASQUEZ			Treasurer Name JOSE E VASQUEZ		
Street Address 305 LANGDON STREET			Street Address 305 LANGDON STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name JOSE E VASQUEZ			Director Name		
Street Address 305 LANGDON STREET			Street Address		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904			
Director Name JOSE E VASQUEZ			Director Name		
Street Address 305 LANGDON STREET			Street Address		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904			
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
			100	COMMON	

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: _____
BY 1059
 FOR SECRETARY OF STATE USE ONLY

FILED

MAR 12 2014

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.

Jose Vasquez 3-9-14
 Signature of Authorized Representative Date

JOSE E VASQUEZ
 Print or Type Name of Authorized Representative