



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 2016

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. 153876 | | 2. Exact name of the Corporation JAGTRUX, INC. | | | |
| 3. Principal office address 1435 RIVER STREET | | City MARIETTA | | State PA | Zip 17574 |
| 4. Business Phone No. 717-426-0195 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island TRUCK TRANSPORTATION OF FREIGHT | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name JAMES A. GERMAK | | | Vice-President Name NONE | | |
| Street Address 4772 BOSSLER ROAD | | | Street Address | | |
| City ELIZABETHTOWN | State PA | Zip 17022 | City | State | Zip |
| Secretary Name LINDA GERMAK | | | Treasurer Name NONE | | |
| Street Address 4772 BOSSLER STREET | | | Street Address | | |
| City ELIZABETHTOWN | State PA | Zip 17022 | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name LINDA GERMAK | | | Director Name NONE | | |
| Street Address 4772 BOSSLER ROAD | | | Street Address | | |
| City ELIZABETHTOWN | State PA | Zip 17022 | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 | CWP | NO PAR |
| | | | | | |

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

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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.

Signature of Authorized Representative

Date

James A. GermaK
Print or Type Name of Authorized Representative