



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. 932616		2. Exact name of the Corporation JACK SOBAN INCORPORATED			
3. Principal office address 40 BAY STATE AVENUE		City WARWICK		State RI	Zip 02888
4. Business Phone No. 401-829-3033		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO TRANSPORT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JACK SOBAN			Vice-President Name JACK SOBAN		
Street Address 91 WESTMORELAND LANE			Street Address 91 WESTMORELAND		
City SAUNDERSTOWN	State RI	Zip 02838	City SAUNDERSTOWN	State RI	Zip 02838
Secretary Name MONIKA SOBAN			Treasurer Name JACK SOBAN		
Street Address 91 WESTMORELAND LANE			Street Address 91 WESTMORELAND LNE		
City SAUNDERSTOWN	State RI	Zip 02838	City SAUNDERSTOWN	State RI	Zip 02838
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			200	COMMON	\$1.00

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 16 2016

BY **CK 1210**

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

02/05/2016

Date

JACK SOBAN

Print or Type Name of Authorized Representative

JACK SOBAN INCORPORATED ENTITIY ID 932616

SECRETARY: KATARZYNA STENCEL

102 SEFTON STREET

WARWICK, RI 02889