



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |               |                  |     |
|---|-------|---|---------------|------------------|-----|
| 1. Entity ID Number<br>698588   |       | 2. Exact name of the Limited Liability Company<br>J and S Distribution Service, LLC   |               |                  |     |
| 3. NAICS Code<br>44-45  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Distribution of newspapers and periodicals and any other related business as permitted by law. |               |                  |     |
| 5. State of Formation<br>Rhode Island   |       |   |               |                  |     |
| 6. Principal Office Address<br>25 Gianna Drive  |       | City<br>Cranston  | State<br>RI   | Zip<br>02921     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |               |                  |     |
| Contact Name<br>John R. Beauvais  |       |   | Contact Title |                  |     |
| Street Address<br>25 Gianna Drive   |       | City<br>Cranston  | State<br>RI   | Zip<br>02921     |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |               |                  |     |
| Manager Name  |       | Manager Name  |               |                  |     |
| Street Address  |       | Street Address  |               |                  |     |
| City  | State | Zip   | City          | State            | Zip |
| Manager Name  |       | Manager Name  |               |                  |     |
| Street Address  |       | Street Address  |               |                  |     |
| City  | State | Zip   | City          | State            | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |               |                  |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |               |                  |     |
| <b>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.</b> |       |   |               |                  |     |
| Name of Authorized Person<br>John R. Beauvais   |       |   |               | Date<br>10.17.16 |     |
| Signature of Authorized Person<br>  |       |   |               |                  |     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
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