



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 35769		2. Exact name of the Corporation JASON & DANIELLE INC.			
3. Principal Office Address 79 STATE STREET - PO BOX 543			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 11 - Agriculture, Forestry, Fishi		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BARRY P. GALLUP, JR			Vice-President Name DAVID B. GALLUP		
Street Address 27 MINISTERIAL RD			Street Address 73 NARROW LANE		
City WAKEFIELD	State RI	Zip 02879	City CHARLESTOWN	State RI	Zip 02813
Secretary Name DAVID B. GALLUP			Treasurer Name BARRY P. GALLUP, JR		
Street Address SAME			Street Address SA,E		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BARRY P. GALLUP, JR			Director Name DAVID B. GALLUP		
Street Address SAME			Street Address SAME		
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	1.00
11. 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. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any FILED filing schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative BARRY P. GALLUP, JR				Date JAN 19 2017 2017/06/2017	
Signature of Authorized Representative 				BY <u>14897</u>	

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