



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 <u>109298</u>		2. Exact name of the Corporation <u>J.A.B. INC</u>	
3. Principal Office Address <u>1 Kiley Way</u>		City <u>COVENTRY</u>	State <u>RI</u>
4. NAICS Code <u>72</u>		Zip <u>02816</u>	
5. State of Incorporation <u>RI</u>		6. Brief description of the character of business conducted in Rhode Island <u>Full Service Italian Restaurant serving Food & Beverage.</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>JAMES A BESSETTE</u>		Vice-President Name <u>JAMES A BESSETTE</u>	
Street Address <u>1 Kiley Way</u>		Street Address <u>1 Kiley Way</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>COVENTRY</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
Secretary Name <u>JAMES A BESSETTE</u>		Treasurer Name <u>JAMES A BESSETTE</u>	
Street Address <u>1 Kiley Way</u>		Street Address <u>1 Kiley Way</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>COVENTRY</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>600</u>		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>200</u>	<u>Common stock</u>
			<u>N/P.</u>
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. <u>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.</u>			
Name of Authorized Representative <u>JAMES A BESSETTE</u>		Date <u>1-19-17</u>	
Signature of Authorized Representative <u>[Signature]</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

FILED

JAN 23 2017

BY

[Signature]

FORM 630 - Revised: 10/2016