

## 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 2017

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation			
100851	SJP E	SJP Enterprises, Inc.			
3. Principal office address 242 Lake Garden Drive			City Cranston	State RI	Zip <b>02920</b>
4. Business Phone No. 486-0650			5. State of Incorpor	ation	
6. Brief description of the Hauling of any and	character of busines	s conducted in Rhode Isla a For Hire Carrier	nd		
LISTALL OFFICERS	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Scott Patalano			Vice-President Name Scott Patalano		
Street Address 242 Lake Garden Drive			Street Address 242 Lake Garden Drive		
City Cranston	State RI	Zip <b>02920</b>	City Cranston	State RI	Zip <b>02920</b>
Secretary Name Scott Patalano			Treasurer Name Scott Patalano		
Street Address 242 Lake Garden D	rive		Street Address 242 Lake Gard	en Drive	
City Cranston	State RI	Zip <b>02920</b>	City Cranston	State <b>RI</b>	Zip <b>02920</b>
J. LIST ALL DIRECTORS Director Name	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT) Director Name		
Scott Patalano			Director Name		
Street Address 242 Lake Garden Di	rive		Street Address		
Cranston	State RI	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
íty	State	Zip	City	State	Zip
SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.		Office of the Secretary	None		
his report must be execute	ed on behalf of the o	corporation by an authorize	d representative. If the o	corporation is in the hand	ls of a receiver or trustee,
The state of the s	The roport mas	t be executed on behalf of	ine corporation by the r	eceiver or trustee.	·

File Date	FILED JAN 2 3 2017	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  Scott Patalano
orm No. 630	JAN 5 2 KNI	Print or Type Name of Authorized Representative

BY 002434

Revised: 01/2012