



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 155040		2. Exact name of the Corporation JAHEY & JAHEY CORPORATION	
3. Principal Office Address 1185 Cranston Street		City Cranston	State RI
		Zip 02920	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island To operate a car dealership and any other lawful purpose.		
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 AYAD JAMOUS		Vice-President Name FATHIA LAKHIM	
Street Address 40 Newbury Street		Street Address 40 Newbury Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 50	CLASS/SERIES common
		PAR VALUE no par	
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. 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.			
Name of Authorized Representative Ayad Jamous		Date 2-1-17	
Signature of Authorized Representative <i>Ayad Jamous</i>			

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
SIGN DOCUMENT HERE

FEB 08 2017

BY *2705*