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 \$25.0	00 fee if form is n	ot filed by April 1.						
1. Entity ID Number		2. Exact name of the Corporation						
99794	JCE Music	JCE Music, înc.						
3. Principal Office Address			City		State Zip			
20 Leawood Drive	/ e				RI	02920		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode	İsland			
71 - Arts, Entertainment, and		musical performa						
5. State of Incorporation		7						
RI								
7. List ALL officers (names and	addresses)	·		Chec	k the box to in	dicate an attachment		
President Name Joseph Esposito			Vice-President Name Joseph Esposito					
Street Address 20 Leawood Drive			Street Address 20 Leawood Drive					
City Cranston	State RI	Zip 02920	City Cranston		State RI	Zip 02920		
Secretary Name Joseph Esposit	to	Treasurer Name Joseph						
Street Address 20 Leawood Drive		Street Address 20 Leawood Drive						
City Cranston	State RI	^{Zip} 02920	City Cranston		State RI	^{Zip} 02920		
8. List ALL directors (names and	d addresses)			Chec	k the box to in	dicate an attachment		
Director Name			Director Name	•				
Street Address		Street Address						
City	State	Zip	City		State Zip			
					Otato	12-1P		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
					State	المالية		
9. Shares Authorized 10. Share		10. Shares Iss						
This information is currently of re Department of State.	cord in the		NUMBER OF SHARES		CLASS/SERIES PA			
Changes require an additional filing.		500		С		NPV		
		100		COMMON		NPV		
 This report must be executed trustee, this report must be executed 	d on behalf of the cuted on behalf of	corporation by an a	authorized repres	sentative. If the corp	oration is in th	e hands of a receiver or		
Under penalty of perjury, I dec	lare and affirm t	hat I have examin	ed this report, i	ncluding any acco	mpanying sc	hedules and		
<i>statements, and that all staten</i> Name of Authorized Representa	nents contained tive	herein are true an	d correct.		Date			
Joseph Esposito					1	27-17		
Signature of Authorized Represe			<u>C</u> I	FD .				
Jusqel C Esposio	4	SIGN DO 	COMENT HURE	LLU ()				
MAIL TO:			MAR	U 3 ZU17				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017