



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 134903 | | 2. Exact name of the Corporation NICKJACK, INC. | | | |
| 3. Principal Office Address 2364 Diamond Hill Road | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code 72 - Accommodation and Food Services | | 6. Brief description of the character of business conducted in Rhode Island DELICATESSEN: The retail sales of including but not limited to food, soft drinks and pastry. | | | |
| 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 JAMES HALLAL | | | Vice-President Name JAMES HALLAL | | |
| Street Address 9 Harvest Drive | | | Street Address 9 Harvest Drive | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name JAMES HALLAL | | | Treasurer Name JAMES HALLAL | | |
| Street Address 9 Harvest Drive | | | Street Address 9 Harvest Drive | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name JAMES HALLAL | | | Director Name | | |
| Street Address 9 Harvest Drive | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | 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 | | |
| | | | | | |
| | | | | | |
| 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 JAMES HALLAL | | | | | Date 3/6/2017 |
| Signature of Authorized Representative <i>James Hallal</i> | | | | | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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