



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

STAMP

FOR

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 <b>765420</b>		2. Exact name of the Corporation <b>J &amp; V DISTRIBUTION, INC</b>												
3. Principal Office Address <b>115 FRIENDLY ROAD</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>									
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>GROCERY DISTRIBUTION</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>JOHN SANCHEZ</b>			Vice-President Name <b>SAME</b>											
Street Address <b>115 FRIENDLY ROAD</b>			Street Address											
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip									
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>JOHN SANCHEZ</b>			Director Name											
Street Address <b>115 FRIENDLY ROAD</b>			Street Address											
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200.00</b></td> <td><b>CNP</b></td> <td><b>\$0.000</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200.00</b>	<b>CNP</b>	<b>\$0.000</b>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		<b>200.00</b>	<b>CNP</b>	<b>\$0.000</b>										
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. <b>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.</b>														
Name of Authorized Representative <b>JOHN SANCHEZ</b>					Date <b>03/01/2017</b>									
Signature of Authorized Representative 														

SIGN DOCUMENT HERE **FILED**

**MAR 13 2017**  
**BY 1110 DS**