RI SOS Filing Number: 201738095210 Date: 3/13/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

STAMP

FOR

→ Filing period: January 1 - March 1

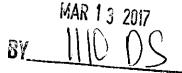
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is n	ot filed by April 1.					
1. Entity ID Number 765420		2. Exact name of the Corporation J & V DISTRIBUTION, INC					
3. Principal Office Address 115 FRIENDLY ROAD			City CRANSTO	N	State Ri	Zip 02920	
4. NAICS Code 44-45 - Retail Trade 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island GROCERY DISTRIBUTION						
7. List ALL officers (names and	addresses)			Check	the box to	indicate an attachment	
President Name JOHN SANCHE	Vice-President Name SAME						
Street Address 115 FRIENDLY I	Street Address						
City CRANSTON	State RI	^{Zip} 02920	City		State	Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City	State	Zip	City	-	State	Zip	
8. List ALL directors (names an	d addresses)			Check	the box to	indicate an attachment	
Director Name JOHN SANCHEZ			Director Name				
Street Address 115 FRIENDLY ROAD			Street Address				
City CRANSTON	State RI	^{Zip} 02920	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	10. Shares issued C		heck the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIE	CLASS/SERIES PAR VALUE		
		200.00		CNP		\$0.000	
		-					
11. This report must be execute trustee, this report must be exe					oration is in	the hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm t	that I have examin	ed this report, i	including any accor	npanying s	chedules and	
Name of Authorized Representative					Date		
JOHN SANCHEZ					03/01/2017		
Signature of Authorized Repres	entative	SIGN DOC	CUMENT HE	REAL			
	<u> </u>						

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: 10/2016