



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 81656		2. Exact name of the Corporation JOB-SITE EQUIPMENT CORP.												
3. Principal Office Address 11 O'Keefe Lane			City Warwick	State RI	Zip 02888									
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Sale and leasing of equipment 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 Aida Raimbeault			Vice-President Name											
Street Address 11 O'Keefe Lane			Street Address											
City Warwick	State RI	Zip 02888	City	State	Zip									
Secretary Name Aida Raimbeault			Treasurer Name Aida Raimbeault											
Street Address 11 O'Keefe Lane			Street Address 11 O'Keefe Lane											
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Aida Raimbeault			Director Name											
Street Address Same as above			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	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"/>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">100</td> <td style="text-align:center">common</td> <td style="text-align:center">no par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	common	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 Aida Raimbeault Signature of Authorized Representative <i>Aida Raimbeault</i> Date MAR 20 2017 SIGN DOCUMENT HERE														

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 19/17
MAR 20 2017
 By *[Signature]*