



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 85361	2. Exact name of the Corporation JACKSON AUTO SALES + SERVICE INC.
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3. Principal Office Address 1012 MAIN STREET	City PAWTUCKET	State RI	Zip 02860
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4. NAICS Code 44	6. Brief description of the character of business conducted in Rhode Island Repair + Service Automobiles and sales of used automobiles
5. State of Incorporation R.I.	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOAQUIM ALMEIDA			Vice-President Name EDUARDA ALMEIDA		
Street Address 56 MEADOWCREST DRIVE			Street Address 56 MEADOWCREST DRIVE		
City CUMBERLAND	State RI	Zip 02884	City CUMBERLAND	State RI	Zip 02884
Secretary Name EDUARDA ALMEIDA			Treasurer Name JOAQUIM ALMEIDA		
Street Address 56 MEADOWCREST DRIVE			Street Address 56 MEADOWCREST DRIVE		
City CUMBERLAND	State RI	Zip 02884	City CUMBERLAND	State R.I.	Zip 02864

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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"/>		
	NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE 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 JOAQUIM ALMEIDA	Date 3-17-17
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Signature of Authorized Representative <i>Joachim Almeida</i>
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FILED *DZ*

MAR 27 2017

BY 7070

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov