



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.		
3. Principal Office Address 1012 MAIN STREET		City PAWTUCKET	State RI
		Zip 02860	
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 02884

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	CLASS/SERIES	PAR VALUE
	600	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 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