



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

**Profit Corporation Annual Report for the year: 2017**

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
110093		JRL, Inc.			
3. Principal Office Address			City	State	Zip
3126 Post Rd			Warwick	RI	02886
4. Business Phone Number			5. State of Incorporation		
401-738-0020			Rhode Island		
6. Brief description of the character of business conducted in Rhode Island					
To buy, sell and lease automobiles, trucks, commercial and motor vehicles of any type or description used only.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thelissa A. Snow			Vice-President Name Roy A. LaCroix		
Street Address 3126 Post Rd			Street Address 3126 Post Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Thelissa A. Snow			Treasurer Name Randall T. Kirby		
Street Address 3126 Post Rd			Street Address 3126 Post Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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
9. Shares Authorized			10. Shares Issued <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
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 Thelissa A. Snow				Date 3/29/2017	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

**FILED**

MAR 29 2017

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