



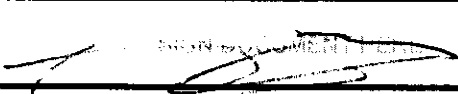
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

2017 APR - 6 AM 11:59
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 932616		2. Exact name of the Corporation JACK SOBAN INCORPORATED			
3. Principal Office Address 40 BAY STATE AVENUE			City WARWICK		State RI
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island AUTO TRANSPORT			
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 JACK SOBAN			Vice-President Name JACK SOBAN		
Street Address 91 WESTMORELAND LANE			Street Address 91 WESTMORELAND LANE		
City SAUNDERSTOWN	State RI	Zip 02838	City SAUNDERSTOWN	State RI	Zip 02838
Secretary Name MONIKA SOBAN			Treasurer Name JACK SOBAN		
Street Address 91 WESTMORELAND LANE			Street Address 91 WESTMORELAND LANE		
City SAUNDERSTOWN	State RI	Zip 02838	City SAUNDERSTOWN	State RI	Zip 02838NONE
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		COMMON
					\$1.00
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. <i>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.</i>					
Name of Authorized Representative JACK SOBAN				Date 02/27/2017	
Signature of Authorized Representative 				FILED MAY 22 2017 BY <u>1669</u>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov