



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

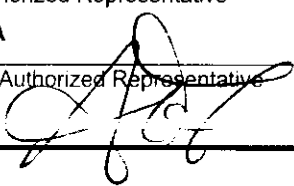
Annual Report for the year: **2016**

## 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 <b>889766</b>		2. Exact name of the Corporation <b>J57, INC.</b>			
3. Principal Office Address <b>58 SHERWOOD STREET</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02920</b>
4. Business Phone Number: <b>401-787-6049</b>		6. Brief description of the character of business conducted in Rhode Island <b>TRANSPORTATION</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSE ROSA</b>			Vice-President Name		
Street Address <b>58 SHERWOOD STREET</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSE ROSA</b>			Director Name		
Street Address <b>58 SHERWOOD STREET</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
<b>Changes require an additional filing.</b>		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1</b>		<b>COMMON</b>	<b>0.00</b>
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 <b>JOSE ROSA</b>				Date <b>11-18-16</b>	
Signature of Authorized Representative 					

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**

JUN 05 2017 . 11:28

BY CK 305241

FORM 630 - Revision 06/2016