



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

Annual Report for the year: 2017  
 Corporation

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 BUS SVCS DIV

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- 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>690343</b>		2. Exact name of the Corporation <b>J S J Variety Store INC</b>	
3. Principal Office Address <b>1287 Cranston St Cranston</b>		City	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>44-45</b>	6. Brief description of the character of business conducted in Rhode Island <b>Retail</b>		
5. State of Incorporation <b>RI</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>Martha T Cargoe</b>		Vice-President Name <b>Sam</b>	
Street Address <b>1287 Cranston St C</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>
		State <b>RI</b>	
		Zip <b>02920</b>	
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		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>NO PAR</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. 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 <b>Martha Cargoe</b>		Date <b>8/15/17</b>	
Signature of Authorized Representative <b>M Cargoe</b>		SIGN DOCUMENT HERE <b>FILED</b>	

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

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