



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

Annual Report for the year: 2017 amended no fee  
**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>864299</b>		2. Exact name of the Corporation <b>J &amp; J Enterprises, Inc</b>			
3. Principal Office Address <b>60 Oakland School St</b>		City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	
4. NAICS Code <b>81</b>	6. Brief description of the character of business conducted in Rhode Island <b>plowing, mobile truck + auto repairs</b>				
5. State of Incorporation <b>RI</b>	Title: <b>7-1, 2-1701</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>Jason M Berlinghof</b>		Vice-President Name <b>Jason M Berlinghof</b>			
Street Address <b>60 Oakland School St</b>		Street Address <b>60 Oakland School St</b>			
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>
Secretary Name <b>Jason M Berlinghof</b>		Treasurer Name <b>Jason M Berlinghof</b>			
Street Address <b>60 Oakland School St</b>		Street Address <b>60 Oakland School St</b>			
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>
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>Jason M. Berlinghof</b>		Director Name <b>J</b>			
Street Address <b>60 Oakland School St</b>		Street Address <b>60</b>			
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	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>1000</b>	<b>STK</b>	<b>\$4.0000</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>JASON M. BERLINGHOF</b>				Date <b>8/22/17</b>	
Signature of Authorized Representative <b>X JAS M BERLINGHOF</b>				<b>FILED</b>	
				<b>AUG 25 2017</b>	

2017 AUG 25 AM 10:29  
 RI DEPT OF STATE  
 BUSINESS DIV

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

**BY** LE 10:29



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

August 25, 2017 10:29 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

