



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.

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1. Entity ID Number 162597		2. Exact name of the Corporation Jake Enterprises, Inc.			
3. Principal Office Address PO Box 7327			City Warwick	State RI	Zip 02887
4. NAICS Code 711510 71 Arts, Entertainment, and Recreation		6. Brief description of the character of business conducted in Rhode Island Marketing written material and any other lawful business.			
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 Mary L. Byrne			Vice-President Name Mary L. Byrne		
Street Address PO Box 7327			Street Address PO Box 7327		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
Secretary Name Mary L. Byrne			Treasurer Name Mary L. Byrne		
Street Address PO Box 7327			Street Address PO Box 7327		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary L. Byrne			Director Name		
Street Address PO Box 7327			Street Address		
City Warwick	State RI	Zip 02887	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		
			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. 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 Mary L. Byrne, President					Date 8/16/17
Signature of Authorized Representative <i>Mary L. Byrne</i> SIGN DOCUMENT HERE					

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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BY CA 312911

FORM 630 - Revised: 10/2016