RI SOS Filing Number: 201857023550 Date: 1/25/2018 4:00:00 PM

	1
We'vet	
Annua	1
_	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year

2018

STAP

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
000149250	9250 JA Appliance, Inc.								
 Principal Office Address 380 Mendon Road 			City Cumberland		State RI	Zip 02864			
4. NAICS Code	6. Brief desc	ription of the charac	ter of business con-	ducted in Rhode I	sland				
443141		Sales and Service of Household Appliances							
5. State of Incorporation									
Rhode Island									
7 List ALL officers (names and	d addresses)			Check	the box to indi	cate an attachment			
President Name Joseph L. Ara	ujo		Vice-President Na	ame Joseph L. Ar	aujo				
Street Address 380 Mendon R	Street Address 380 Mendon Road								
City Cumberland	State RI	Zıp 02864	City Cumberlar	ity Cumberland		Zip 02864			
ecretary Name Joseph L. Araujo			Treasurer Name Joseph L. Araujo						
Street Address 380 Mendon Road			Street Address 380 Mendon Road						
City Cumberland	State RI	^{Zip} 02864	City Cumberlar	perland State RI		^{Zip} 02864			
B. List ALL directors (names a	nd addresses)			Check	the box to indi	cate an attachment			
Director Name Joseph L. Ari	aujo		Director Name						
Street Address 380 Mendon	Road		Street Address						
City Cumberland	State RI	Zip 02864	City	· · ·	State	Zip			
rector Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is:	sued	Check	the box to indi	cate an attachment [
his information is currently of record in the		NUMBER C		CLASS/SERIES PAR VALUE					
Department of State. Changes require an additional filing.		100		Common		No Par Value			
11. This report must be execut					oration is in the	hands of a receiver			
rustee, this report must be ex Under penalty of perjury, I d						ndulaa aad			
onder penany of perjury, i d statements, and that all stat			•	luding any accon	npanying sch	edules and			
Name of Authorized Represen					Date	1.0			
Joseph L. Araujo	1				1 111	c/18			
Signature of Authorized Repré	sentative	SIGN DO	CUMENT I	ED n	,				
			IAN 2 S						

MAIL TO: \
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 49(09

FORM 630 - Revised: 10/2017