State of Rhode Island and Providence Plantations
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2018

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 Corporate ID No.	2 Name of Corporation
000487508	JAZZEDGE CORP.

3 Street Address Principal Business Office	City	State	Zip
5853 Post Rd., Suite 201A	East Greenwich	RI	02818

4 NAICS Code	5 State of Incorporation
453310	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
sale of music related items

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Willie G. Myette	
Street Address	Street Address
5853 Post Rd., Suite 201A	
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	
Secretary Name	Treasurer Name
Willie G. Myette	Willie G. Myette
Street Address	Street Address
5853 Post Rd., Suite 201A	5853 Post Rd., Suite 201A
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	East Greenwich / RI / 02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Willie G. Myette	
Street Address	Street Address
5853 Post Rd., Suite 201A	
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100 shares common stock no 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.

Signature — Date: 1/22/18

Willie G. Myette
Print or Type Name

President
Title

FILED
JAN 29 2018
BY: [illegible]

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

Form 630 – Revised: 10/2016