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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation			
144187	JJS SANDWICHES, INC.			
3. Principal Office Address		City	State	Zip
1441 Park Avenue		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
72 - Accommodation and Food	Owning and operating a restaurant and sandwich shop.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Janice J. Sheldon			Vice-President Name: Janice J. Sheldon		
Street Address: 1591 Maple Valley Road			Street Address: 1591 Maple Valley Road		
City: Greene	State: RI	Zip: 02827	City: Greene	State: RI	Zip: 02827
Secretary Name: Janice J. Sheldon			Treasurer Name: Janice J. Sheldon		
Street Address: 1591 Maple Valley Road			Street Address: 1591 Maple Valley Road		
City: Greene	State: RI	Zip: 02827	City: Greene	State: RI	Zip: 02827

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Janice J. Sheldon			Director Name: None		
Street Address: 1591 Maple Valley Road			Street Address:		
City: Greene	State: RI	Zip: 02827	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	200	Common	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.

Name of Authorized Representative	Date
Janice J. Sheldon	2-8-18

Signature of Authorized Representative: Janice Sheldon 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

FILED
FEB 28 2018
BY 1795605

FORM 630 - Revised: 10/2016