



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

Annual Report for the year: 2018
Corporation

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 <input checked="" type="checkbox"/> <u>68495</u>		2. Exact name of the Corporation <input checked="" type="checkbox"/> <u>JACE Enterprises Inc</u>			
3. Principal Office Address <input checked="" type="checkbox"/> <u>60 Saw Mill Dr</u>		City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <input checked="" type="checkbox"/> <u>445310</u>		5. Brief description of the character of business conducted in Rhode Island <input checked="" type="checkbox"/> <u>Liquor Sales</u>			
5. State of Incorporation <input checked="" type="checkbox"/> <u>RI</u>					
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joseph Murphy</u>			Vice-President Name <u>Anne S Murphy</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
Secretary Name <u>Anne S Murphy</u>			Treasurer Name <u>Joseph Murphy</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Joseph Murphy</u>			Director Name <u>Joseph Murphy</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
Director Name <u>Anne S Murphy</u>			Director Name <u>Anne S Murphy</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>1000</u>		10. Shares Issued <input checked="" type="checkbox"/> <u>200</u> 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
		<u>100</u>			<u>100</u>
		<u>100</u>			<u>100</u>
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. <input checked="" type="checkbox"/>					
Name of Authorized Representative <u>Joseph Murphy</u>					Date <u>2/27/18</u>
Signature of Authorized Representative <u>Joseph Murphy</u>					SIGN DOCUMENT HERE FILED

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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FORM 630 - Revised: 10/2017