RI SOS Filing Number: 201859710520 Date: 3/2/2018 4:00:00 PM

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. Entity ID Number	2. Exact name of the Corporation
846683	STEPHEN JARZOMBEK, INC.

3. Principal Office Address	City	State	Zip
132 OLD RIVER ROAD, SUITE 205	LINCOLN	RI	02865

4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island
531390	REAL ESTATE MANAGEMENT AND DEVELOPMENT
5. State of Incorporation: RHODE ISLAND	

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

President Name	Street Address	City	State	Zip
STEPHEN JARZOMBEK	174 DIAMOND HILL ROAD	ASHAWAY	RI	02804

Vice-President Name	Street Address	City	State	Zip
BARBARA JARZOMBEK	174 DIAMOND HILL ROAD	ASHAWAY	RI	02804

Secretary Name	Street Address	City	State	Zip
BARBARA JARZOMBEK	174 DIAMOND HILL ROAD	ASHAWAY	RI	02804

Treasurer Name	Street Address	City	State	Zip
STEPHEN JARZOMBEK	174 DIAMOND HILL ROAD	ASHAWAY	RI	02804

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

Director Name	Street Address	City	State	Zip
STEPHEN JARZOMBEK	174 DIAMOND HILL ROAD	ASHAWAY	RI	02804

Director Name	Street Address	City	State	Zip
BARBARA JARZOMBEK	174 DIAMOND HILL ROAD	ASHAWAY	RI	02804

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9 Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	COMMON	NO PAR

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
STEPHEN JARZOMBEK, PRESIDENT	2/24/18

Signature of Authorized Representative: Stephen Jarzombek — SIGN DOCUMENT HERE

FILED

MAR 02 2018

BY 1702 DS

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: 10/2017