



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 2018 MAR - 8 AM 11:15

1. Entity ID Number 000067167		2. Exact name of the Corporation JAWS INC.			
3. Principal Office Address 110 KING PHILIP RD		City EAST PROVIDENCE		State RI	Zip 02916
4. NAICS Code 325612		6. Brief description of the character of business conducted in Rhode Island SELLING WIPING CLOTHS INDUSTRIAL SUPPLIES OIL ABSORBENTS			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JONATHAN WEITZNER			Vice-President Name		
Street Address 1 LOCE CIRCLE			Street Address		
City CRASTON	State RI	Zip 02924	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE 0
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 JONATHAN WEITZNER				Date 2/8/18	
Signature of Authorized Representative <i>Jonathan Weitzner</i>				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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A.A. 11:15A.M. FORM 630 - Revised: 02/2017