



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

STAMP

FOR

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 785947		2. Exact name of the Corporation JACQUA, INC			
3. Principal Office Address 963 BROAD STREET			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 722511 - pt Pul		6. Brief description of the character of business conducted in Rhode Island TO OPERATE RESTAURANT AND LOUNGES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JESUS TITIN			Vice-President Name SAME		
Street Address 1070 BROAD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 JESUS TITIN			Director Name		
Street Address 1070 BROAD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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 VA. UF
		1000	STK	\$0.0100	
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. <u>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.</u>					
Name of Authorized Representative JESUS TITIN				Date 03/01/2018	
Signature of Authorized Representative <i>Jesus M Titin</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

MAR 12 2018

BY 1346 DS FORM 630 - Revised: 10/2016