



State of Rhode Island and Providence Plantations

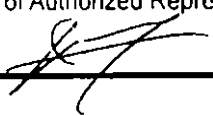
Department of State - Business Services Division

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 765420		2. Exact name of the Corporation J & V DISTRIBUTION, INC												
3. Principal Office Address 115 FRIENDLY ROAD			City CRANSTON	State RI	Zip 02920									
4. NAICS Code 445110		6. Brief description of the character of business conducted in Rhode Island GROCERY DISTRIBUTION												
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 JOHN SANCHEZ			Vice-President Name SAME											
Street Address 115 FRIENDLY ROAD			Street Address											
City CRANSTON	State RI	Zip 02920	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 JOHN SANCHEZ			Director Name											
Street Address 115 FRIENDLY ROAD			Street Address											
City CRANSTON	State RI	Zip 02920	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAY VA. L.F.</th> </tr> </thead> <tbody> <tr> <td>200.00</td> <td>CNP</td> <td>\$0.000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAY VA. L.F.	200.00	CNP	\$0.000			
		NUMBER OF SHARES	CLASS/SERIES	PAY VA. L.F.										
200.00	CNP	\$0.000												
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. <i>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.</i>														
Name of Authorized Representative JOHN SANCHEZ					Date 03/01/2018									
Signature of Authorized Representative 														

SIGN DOCUMENT HERE **FILED**

MAR 12 2018

BY

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