



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

Annual Report for the year: 2019
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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BUS SVCS DIV
2018 OCT 31 AM 10:52

1. Entity ID Number 155040		2. Exact name of the Corporation JAEY & JAEY CO, INC.										
3. Principal Office Address 1185 CRANSTON ST		City CRANSTON	State RI									
4. NAICS Code 44120		5. Brief description of the character of business conducted in Rhode Island Dealer ship										
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Eyad Jamous		Vice-President Name										
Street Address 1185 CRANSTON ST		Street Address										
City CRANSTON	State RI	Zip 02920										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		.01			
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100		.01										
Changes require an additional filing.												
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 Eyad Jamous		Date 10-31-18										
Signature of Authorized Representative <i>Eyad Jamous</i>		FILED OCT 31 2018										

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