

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

FILED

JAN 10 2019

BY W101
OK

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.

1. Entity ID Number 00011996		2. Exact name of the Corporation JERRY'S SERVICE, Inc.				
3. Principal Office Address 1101 HOPE STREET			City PROVIDENCE	State RI	Zip 02906	
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE GASOLINE STATION WITH AUTOMOTIVE REPAIR				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name PETER BENNETT			Vice-President Name			
Street Address 580 EAST SHORE DRIVE			Street Address			
City SILVER LAKE	State NH	Zip 03875	City	State	Zip	
Secretary Name M. SUSAN BENNETT			Treasurer Name			
Street Address 580 EAST SHORE DRIVE			Street Address			
City SILVER LAKE	State NH	Zip 03875	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			10. Shares issued			
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>			
			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
			NONE			
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 PETER BENNETT				Date 01/02/19		
Signature of Authorized Representative Peter Bennett						