



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.

1. Entity ID Number 1663778		2. Exact name of the Corporation Jblais Corporation			
3. Principal Office Address 3460 Mendon Road		City Cumberland		State RI	Zip 02864
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Hair cutting and styling.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jessica Anne Blais			Vice-President Name Jessica Anne Blais		
Street Address 399 Old River Road			Street Address 399 Old River Road		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Jessica Anne Blais			Treasurer Name Jessica Anne Blais		
Street Address 399 Old River Road			Street Address 399 Old River Road		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jessica Anne Blais			Director Name		
Street Address 399 Old River Road			Street Address		
City Manville	State RI	Zip 02838	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/SES Common	PAR VALUE no par
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 Jessica Anne Blais					Date 1/24/19
Signature of Authorized Representative <i>Jessica Blais</i> (SIGN DOCUMENT HERE) (owner/president)					FILED JAN 24 2019 3320

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

FORM 630 - Revised: 10/2017