



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

FILED

Annual Report for the year: 2019
Corporation

JAN 31 2019
 BY 10774
ld

- 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 <u>000087479</u>		2. Exact name of the Corporation <u>JANUS LOGISTICS, INC.</u>			
3. Principal Office Address <u>85 ORCHARD VALLEY DRIVE</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>
4. NAICS Code <u>811211</u>		6. Brief description of the character of business conducted in Rhode Island <u>SELL + SERVICE VEHICLE TELEMATICS FOR FLEETS</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>JOHN ELLIANO</u>			Vice-President Name <u>SANDRA ELLIANO</u>		
Street Address <u>85 ORCHARD VALLEY DRIVE</u>			Street Address <u>85 ORCHARD VALLEY DRIVE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>JOHN ELLIANO</u>			Treasurer Name <u>SANDRA ELLIANO</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
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			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 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 VALUE
		<u>300</u>		<u>SRK</u>	<u>0</u>
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 <u>JOHN ELLIANO</u>				Date <u>1-28-19</u>	
Signature of Authorized Representative <u>John Elliano</u>				SIGN DOCUMENT HERE	