



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 105960		2. Exact name of the Corporation J.A.S. ENTERPRISES, INC.			
3. Principal Office Address P.O. BOX 172			City LINCOLN	State RI	Zip 02865-0172
4. NAICS Code 401-725-0561		6. Brief description of the character of business conducted in Rhode Island TRADE CONTRACTOR- TRUCKING AND EXCAVATION SERVICES (115115)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES A. SOUSA			Vice-President Name JAMES A. SOUSA		
Street Address 49 WILBUR ROAD			Street Address 49 WILBUR ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name			Treasurer Name		
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 JAMES A. SOUSA			Director Name JAMES A. SOUSA		
Street Address 49 WILBUR ROAD			Street Address 49 WILBUR ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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		PAR VALUE
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 James A. Sousa			FILED FEB 04 2019 4212		Date 1/29/18
Signature of Authorized Representative 					