	ag Number: 1	20198603771	0 Date: 2/4/20	19 4:00:00 PM	
	rig ivallibel. 2	20130003771	0 Date. 2/4/20		
The state of the s	and Providence P				
Department of S	State - Busin	ess Services	Division		
HOPE		2010			#* *
Annual Report for the	year:	(V) V			
Corporation					e v
→ Filing period: January 1	- March 1.				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	10 food if forms in my	at filed by April 1			
→ Penaity: Additional \$25.0					
Entity ID Number	2. Exact nam	e of the Corporation	on		
105960	J.A.S. E	NTERPRISES,	INC.		
3. Principal Office Address			City	State	Zip
•			LINCOLN	RI	02865-0172
P.O. BOX 172	6 Priof docc	rintion of the chara	cter of business conduc		02000 0172
4. NAICS Code	TRADE CO	NTRACTOR- TR	UCKING AND EXCA	VATION SERVICES	
401-725-0561					
State of Incorporation	\neg α	1157			
RI	(")	1107			
7. List ALL officers (names and	addresses)			Check the box to in	dicate an attachment 🔲
President Name			Vice-President Name	2	
JAMES A. SOUSA			JAMES A. SOUSA		
Street Address			Street Address		
49 WILBUR ROAD	lou-t-	17:0	49 WILBUR RC	State	Zip
City	State RI	Zip 02865	LINCOLN	RI	02865
LINCOLN Secretary Name	<u>IKT</u>	102003	Treasurer Name		
Occident Name					
Street Address			Street Address		
				- louis	17:-
City	State	Zip	City	State	Zip
	al a dalana a a a \			Check the box to in	ndicate an attachment
List ALL directors (names and addresses) Director Name			Director Name		
JAMES A. SOUSA			JAMES A. SOUSA		
Street Address			Street Address		
49 WILBUR ROAD		<u> </u>	49 WILBUR RO		
City	State	Zip	City	State RI	Zip 02865
LINCOLN	RI	02865	LINCOLN Director Name		102003
Director Name			Director Warne		
Street Address			Street Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
				Oheal the boy to it	ndicate an attachment
9. Shares Authorized 10. Shares This information is currently of record in the			SSUED OF SHARES	CLASS/SERIES	PAR VALUE
Department of State.	record in the	(10)			
,					<u></u>
Changes require an additional fi	iling.				
11. This report must be execut	and an habalf of the	a corneration by or	authorized representa	tive. If the corporation is in t	he hands of a receiver or
twinter this report must be eve	couted on behalf c	of the cornoration h	v the receiver or trustee	<u>.</u>	
Under penalty of perjury, I de	eclare and affirm	that I have exami	ined this report, includ	ding any accompanying s	chedules and
statements, and that all state	ements contained	d herein are true a	and corec.	Date	
Name of Authorized Represen	tative		LILLD	UV Date	

Signature of Authorized Representative

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAIL TO:

1/29/18