



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 11 AM 9:51

1. Entity ID Number 125513		2. Exact name of the Corporation JS Pallet Co., Inc.			
3. Principal Office Address 60 Lockbridge Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 111199		6. Brief description of the character of business conducted in Rhode Island Offer, provide, buy, sell and otherwise deal in logging, lumber and other wood products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos F. DaSilva			Vice-President Name		
Street Address 60 Lockbridge Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Carlos F. DaSilva			Treasurer Name Carlos F. DaSilva		
Street Address 60 Lockbridge Street			Street Address 60 Lockbridge Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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
			50	common	\$1.00
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. <u>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.</u>					
Name of Authorized Representative Carlos A. DaSilva, President				Date 1/ /2019	
Signature of Authorized Representative <i>Carlos DaSilva</i> 2-4-19					

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FORM 630 - Revised: 10/2016

BY CU 9A6EG