



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 000008639		2. Exact name of the Corporation J. SANTORO, INC.		
3. Principal Office Address 79 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917
4. N 423320	6. Brief description of the character of business conducted in Rhode Island GENERAL, SAND, GRAVEL AND EARTHEN MATERIALS			
5. S RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name RONALD T GEUDRON JR		Vice-President Name JUDITH A GEUDRON		
Street Address 79 CEDAR SWAMP ROAD		Street Address 79 CEDAR SWAMP ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI
Secretary Name JUDITH A GEUDRON		Treasurer Name RONALD T GEUDRON JR		
Street Address 79 CEDAR SWAMP ROAD		Street Address 79 CEDAR SWAMP ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name RONALD T GEUDRON JR		Director Name NA		
Street Address 79 CEDAR SWAMP ROAD		Street Address NA		
City SMITHFIELD	State RI	Zip 02917	City	State
Director Name		Director Name		
Street Address NA		Street Address NA		
City	State	Zip	City	State
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 1748	CLASS/SERIES COMMON	PAR VALUE NO PAR
				VALUE 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 JUDITH A GEUDRON			Date 2/6/19	
Signature of Authorized Representative <i>Judith A Geudron</i>				

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

FILED

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