



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2019 FEB 19 AM 10:35

1. Entity ID Number <u>100142772</u>		2. Exact name of the Corporation <u>JPL LIVERY SERVICES INC.</u>	
3. Principal Office Address <u>933 SEVEN MILE RD</u>		City <u>HOPE</u>	State <u>RI</u>
4. NAICS Code <u>812210</u>		6. Brief description of the character of business conducted in Rhode Island <u>TRANSFERO HUMAN REMAINS</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ELEISSA PILOSA</u>		Vice-President Name <u>JOSEPH P. LOSA</u>	
Street Address <u>933 SEVEN MILE RD.</u>		Street Address <u>933 SEVEN MILE RD</u>	
City <u>HOPE</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>HOPE</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>STK</u>
			<u>0.000</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>JOSEPH P. LOSA</u>		Date <u>2-19-19</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGNATURE OF AUTHORIZED REPRESENTATIVE	

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BY CN X44/NP