



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

FILED STAMP

MAR 15 2019 FOR STATE ONLY

BY 1140 DS

- 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 765420		2. Exact name of the Corporation J & V DISTRIBUTION, INC			
3. Principal Office Address 115 FRIENDLY ROAD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 44-45 - Retail Trade		5. Brief description of the character of business conducted in Rhode Island GROCERY DISTRIBUTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN SANCHEZ			Vice-President Name SAME		
Street Address 115 FRIENDLY ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 JOHN SANCHEZ			Director Name		
Street Address 115 FRIENDLY ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200.00		CNP	\$0.000
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. <i>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.</i>					
Name of Authorized Representative JOHN SANCHEZ				Date 02/26/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	