

FILED



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

MAR 21 2019

BY S269

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 000109114		2. Exact name of the Corporation J A B Automotive Inc.			
3. Principal Office Address 985 North Main Street			City Providence	State RI	Zip 02904
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island Oil changes, auto repairs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian N. Bouthillette			Vice-President Name Brian N. Bouthillette		
Street Address 39 Westwood Road			Street Address 39 Westwood Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Brian N. Bouthillette			Treasurer Name Brian N. Bouthillette		
Street Address 39 Westwood Road			Street Address 39 Westwood Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian N. Bouthillette			Director Name		
Street Address 39 Westwood Road			Street Address		
City Lincoln	State RI	Zip 02865	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		PAR VALUE
			CLASS/SERIES		
			5,000	STK	1.0000
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 Brian Bouthillette					Date 3/19/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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