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R.I. DEPT. OF STATE
BUS SVCS DIV



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

2019 OCT -7 A 11:50

Annual Report for the year: 2018
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 653463		2. Exact name of the Corporation JCE INC			
3. Principal Office Address 10 SUMMER ST		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE AGENCY: HOME, AUTO, LIFE, HEALTH AND COMMERCIAL INSURANCE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE GARCIA			Vice-President Name		
Street Address 10 SUMMER ST			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
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 JOSE GARCIA			Director Name		
Street Address 10 SUMMER ST			Street Address		
City PAWTUCKET	State RI	Zip 02860	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		
			100		8
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 JOSE GARCIA				Date 10-07-19	
Signature of Authorized Representative					

FILED ↗

OCT 07 2019

BY CA HVEAB

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