



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

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year: 2020  
Corporation

2019 OCT 28 PM 12:31

- 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 <b>155040</b>		2. Exact name of the Corporation <b>JAEY &amp; JAEY CO. INC</b>			
3. Principal Office Address <b>1185 CRANSTON STREET</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>441120</b>		6. Brief description of the character of business conducted in Rhode Island <b>dealer ship</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Eyad Jamous</b>			Vice-President Name		
Street Address <b>1185 CRANSTON STREET</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>100</b>		PAR VALUE <b>.01</b>
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 <b>Eyad Jamous</b>					Date <b>10-28-19</b>
Signature of Authorized Representative <b>Eyad Jamous</b>					

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**  
OCT 28 2019  
BY **MP6VP**