



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

FILED

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 27 2020
 BY 17605 OS

1. Entity ID Number 81656		2. Exact name of the Corporation JOB-SITE EQUIPMENT CORP.			
3. Principal Office Address 11 O'Keefe Lane			City Warwick	State RI	Zip 02888
4 NAICS Code 532490		6. Brief description of the character of business conducted in Rhode Island Sale and leasing of equipment and any other lawful purpose			
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 Aida Raimbeault			Vice-President Name		
Street Address 11 O'Keefe Lane			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Aida Raimbeault			Treasurer Name Aida Raimbeault		
Street Address 11 O'Keefe Lane			Street Address 11 O'Keefe Lane		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Aida Raimbeault			Director Name		
Street Address Same as above			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		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	
		100		Common	
				No Par	
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 Aida Raimbeault				Date 1/15/20	
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