



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

**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.

**FILED**  
 FEB 07 2020  
 BY 001774 OS

1. Entity ID Number <b>000075539</b>		2. Exact name of the Corporation <b>J.S.R. CO.</b>			
3. Principal Office Address <b>1916 KINGSTOWN ROAD</b>			City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>RESTAURANT</b>			
5. State of Incorporation <b>RHODE ISLAND</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>JOHN REVES</b>			Vice-President Name <b>STAMATIS REVES</b>		
Street Address <b>199 WEST REACH DRIVE</b>			Street Address <b>3 CEDAR ROCK MEADOWS</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>JOHN REVES</b>			Treasurer Name <b>JOHN REVES</b>		
Street Address <b>199 WEST REACH DRIVE</b>			Street Address <b>199 WEST REACH DRIVE</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
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					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> <small>NUMBER OF SHARES</small> <b>100</b>			<small>CLASS/SERIES</small> <b>COMMON</b>		<small>PAR VALUE</small> <b>NO PAR</b>
			This information is currently of record in the Department of State. Changes require an additional filing.		
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. <b>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.</b>					
Name of Authorized Representative <b>JOHN REVES</b>					Date <b>1/27/2020</b>
Signature of Authorized Representative					SIGN DOCUMENT HERE