



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<br><b>000075539</b>  |                    | 2. Exact name of the Corporation<br><b>J.S.R. CO.</b>  |  |                    |   |
| 3. Principal Office Address<br><b>1916 KINGSTOWN ROAD</b>  |                    |  | City<br><b>SOUTH KINGSTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02879</b>                       |
| 4. NAICS Code<br><b>722511</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>RESTAURANT</b> |  |                    |   |
| 5. State of Incorporation<br><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<br><b>JOHN REVES</b>  |                    |  | Vice-President Name<br><b>STAMATIS REVES</b>   |                    |   |
| Street Address<br><b>199 WEST REACH DRIVE</b>  |                    |  | Street Address<br><b>3 CEDAR ROCK MEADOWS</b>  |                    |   |
| City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02835</b>  | City<br><b>EAST GREENWICH</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>                       |
| Secretary Name<br><b>JOHN REVES</b>  |                    |  | Treasurer Name<br><b>JOHN REVES</b>  |                    |   |
| Street Address<br><b>199 WEST REACH DRIVE</b>  |                    |  | Street Address<br><b>199 WEST REACH DRIVE</b>  |                    |   |
| City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02835</b>  | City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><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><br><small>NUMBER OF SHARES</small><br><b>100</b>   |                    |  | <small>CLASS/SERIES</small><br><b>COMMON</b>   |                    | <small>PAR VALUE</small><br><b>NO PAR</b> |
|  |                    |  | <small>This information is currently of record in the Department of State.</small><br><small>Changes require an additional filing.</small> |                    |   |
| 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.<br><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<br><b>JOHN REVES</b>   |                    |  |  |                    | Date<br><b>1/27/2020</b>                  |
| Signature of Authorized Representative   |                    |  |  |                    | SIGN DOCUMENT HERE                        |

**MAIL TO:**  
 Division of Business Services  
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