



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
 STA
FEB 27 2020
 BY Loreen J. Rossi DS

1. Entity ID Number 91508	2. Exact name of the Corporation J C L TRANSPORTATION SERVICES, INC.
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3. Principal Office Address 700 Main Street, Post Office Box 163	City East Greenwich	State RI	Zip 02818
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4. NAICS Code 484122	6. Brief description of the character of business conducted in Rhode Island The provision of freight and transportation services.		
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 Loreen J. Rossi			Vice-President Name Loreen J. Rossi		
Street Address 700 Main Street, Post Office Box 163			Street Address 700 Main Street, Post Office Box 163		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Loreen J. Rossi			Treasurer Name Loreen J. Rossi		
Street Address 700 Main Street, Post Office Box 163			Street Address 700 Main Street, Post Office Box 163		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James P. Rossi, Jr.			Director Name		
Street Address 700 Main Street, Post Office Box 163			Street Address		
City East Greenwich	State RI	Zip 02818	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	8000	Common	No Par Value

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 Loreen J. Rossi	Date 2/17/20
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Signature of Authorized Representative <i>Loreen J. Rossi</i>	SIGN DOCUMENT HERE
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov