



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

MAR 16 2020

BY

2108 DS

1. Entity ID Number 40326		2. Exact name of the Corporation JAROB ENTERPRISES, LTD			
3. Principal Office Address C/O JAWHARJIAN LAW OFFICES, LLC <i>2013 Plainfield St</i>		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANN BLANCHETTE			Vice-President Name ROBERT G. BLANCHETTE		
Street Address 10 THAYER STREET			Street Address 10 THAYER STREET		
City UPTON	State MA	Zip 01568	City UPTON	State RI	Zip 01568
Secretary Name ROBERT G. BLANCHETTE			Treasurer Name ANN BLANCHETTE		
Street Address 10 THAYER STREET			Street Address 10 THAYER STREET		
City UPTON	State MA	Zip 01568	City UPTON	State MA	Zip 01568
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANN BLANCHETTE			Director Name ROBERT G. BLANCHETTE		
Street Address 10 THAYER STREET			Street Address 10 THAYER STREET		
City UPTON	State MA	Zip 01568	City UPTON	State MA	Zip 01568
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 0.00
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 ANN BLANCHETTE				Date Mar 4 2020	
Signature of Authorized Representative <i>Ann Blanchette</i>					