RI SOS Filing Number: 202184864160 Date: 1/6/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
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	STAMP
JAN 06 2021	2
8Y1855	US COUNTY

1. Entity ID Number	2. Exact nam	ne of the Corporation	on						
000043281		JOE DYN'ASTY RESOURCES INC							
Principal Office Address			City	Sta	to Izia				
709 METACOM AVE			BRISTOL	RI	ite Zip 028				
4. NAICS Code	6. Brief desc	ription of the chara	cter of business con-	ducted in Rhode Island	•				
541611	MANAGEN	MANAGEMENT AND ACCOUNTING OF PERSONAL SERVICES, REAL PROPERTY AND ASSETS.							
5. State of Incorporation RI									
7. List ALL officers (names an	nd addresses)			Check the bo	ox to indicate an at	tachment 🗆			
President Name ALEXANDER H JOE			Vice-President Name NONE						
Street Address 178 TOUISSET	RD		Street Address						
City WARREN	State RI	^{Zip} 02885	City	Stat	te Zip				
Secretary Name NONE	NONE			Treasurer Name NONE					
Street Address		Street Address							
City	State	Zıp	City	Sta	te Zip				
8. List ALL directors (names a	and addresses)			Check the bo	ox to indicate an at	tachment			
Director Name NONE		Director Name NONE							
Street Address		Street Address							
City	State	Zip	City	Star	te Zip				
Director Name NONE			Director Name NONE						
Street Address			Street Address						
City	State	Zip	City	Sta	te Zip				
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment					
This information is currently of Department of State.	f record in the	- 	OF SHARES	CLASS/SERIES	PAR V	ALUE			
Changes require an additional filing.		5000			NPV 0.00				
Onanges require an additional	ming.					_			
11. This report must be executivistee, this report must be ex	ited on behalf of the	corporation by an	authorized represen	tative. If the corporation	is in the hands of	a receiver or			
Under penalty of perjury, I c statements, and that all sta	declare and affirm	that I have examii	ned this report, incl	uding any accompany	ing schedules en	d			
Name of Authorized Representative			Dat	Date					
ALEXANDER H. JOE				12	12/31/2020				
Signature of Authorized Repre	esen ative	1			- 1				
		, 							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov