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

FILED
FEB 16 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
000075539	J.S.R. CO.			
3. Principal Office Address		City	State	Zip
1916 KINGSTOWN ROAD		SOUTH KINGSTOWN	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	RESTAURANT			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOHN REVES			STAMATIS REVES		
Street Address			Street Address		
199 WEST REACH DRIVE			3 CEDAR ROCK MEADOWS		
City / State / Zip			City / State / Zip		
JAMESTOWN	RI	02835	EAST GREENWICH	RI	02818
Secretary Name			Treasurer Name		
JOHN REVES			JOHN REVES		
Street Address			Street Address		
199 WEST REACH DRIVE			199 WEST REACH DRIVE		
City / State / Zip			City / State / Zip		
JAMESTOWN	RI	02835	JAMESTOWN	RI	02835

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR
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.

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	Date
JOHN REVES	2-4-21

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov