



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

FEB 22 2021

BY

1. Entity ID Number 153876		2. Exact name of the Corporation Jagtrux, Inc.			
3. Principal Office Address 1435 River Street			City Marietta	State PA	Zip 17574
4. NAICS Code 484121		6. Brief description of the character of business conducted in Rhode Island Truck transportation or freight.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Zachary P. Germak			Vice-President Name		
Street Address 1495 River Street			Street Address		
City Marietta	State PA	Zip 17547	City	State	Zip
Secretary Name Andrew Germak			Treasurer Name Andrew Germak		
Street Address 1435 River Street			Street Address 1435 River Street		
City Marietta	State PA	Zip 17547	City Marietta	State PA	Zip 17547
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBLR OF SHARES	CLASS/SERIES	PAR VALUE
			100	CWP	NO PAR
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 Zachary Germak					Date 2-11-21
Signature of Authorized Representative					

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

FORM 630 - Revised: 08/2020