



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP 23 AM 8:59

1. Entity ID Number 001703231		2. Exact name of the Corporation JV BROTHERS INC			
3. Principal Office Address 62 JOHN STREET APT 3			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 423860		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOSUE VELIZ CASASOLA			Vice-President Name JOSE VELIZ CASASOLA		
Street Address 62 JOHN STREET APT 3			Street Address 62 JOHN STREET APT 3		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name JOSUE VELIZ CASASOLA			Treasurer Name JOSUE VELIZ CASASOL		
Street Address 62 JOHN STREET APT 3			Street Address 62 JOHN STREET APT 3		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOSE VELIZ CASADOLA			Director Name		
Street Address 62 JOHNS STREET APT 3			Street Address		
City PAWTUCKET	State RI	Zip 02861	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMM	NON	
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 JOSUE VELIZ CASASOLA				Date 09/20/2021	
Signature of Authorized Representative 				FILED ← SEP 23 2021 BY <u>CR FORSN</u> 8:59	

MAIL TO:
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