State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 22 PM 12:05

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000107902	JP LILLIS ENTERPRISES, INC.			
3. Principal Office Address		City	State	Zip
1 NOYES AVENUE		RUMFORD	RI	02196
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
312113	MANUFACTURING OF ICE, GENERAL WAREHOUSING AND DISTRIBUTION OF FROZEN PRODUCTS.			
5. State of Incorporation				
MA				

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

President Name RICHARD J. LILLIS			Vice-President Name		
Street Address 548 HIGH STREET			Street Address		
City WESTWOOD	State MA	Zip 02090	City	State	Zip
Secretary Name RICHARD J. LILLIS			Treasurer Name RICHARD J. LILLIS		
Street Address 548 HIGH STREET			Street Address 548 HIGH STREET		
City WESTWOOD	State MA	Zip 02090	City WESTWOOD	State MA	Zip 02090

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

Director Name RICHARD J. LILLIS			Director Name		
Street Address 548 HIGH STREET			Street Address		
City WESTWOOD	State MA	Zip 02090	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	COMMON	$1.00

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: Richard Lillis by Power of Attorney Conservator — Date: 12/01/2021

Signature of Authorized Representative: Richard Lillis by Power of Attorney Conservator

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

FILED
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DEC 22 2021
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FORM 630 - Revised: 11/2021