RI SOS Filing Number: 202327672560 Date: 2/3/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED AMP

FEB 03 2023

BY 2307

Annual Report for the year: 2023

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			
40326	Jarob Enterprises,LTD			
3. Principal Office Address		City	State	Zip
2013 Plainfield Street		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	REAL ESTATE			
5. State of Incorporation				
RI				

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

President Name: Ann Blanchette			Vice-President Name: Robert Blanchette		
Street Address: 10 Thayer Street			Street Address: 10 Thayer Street		
City: Upton	State: MA	Zip: 01568	City: Upton	State: MA	Zip: 01568
Secretary Name: Robert Blanchette			Treasurer Name: Ann Blanchette		
Street Address: 10 Thayer Street			Street Address: 10 Thayer Street		
City: Upton	State: MA	Zip: 01568	City: Upton	State: MA	Zip: 01568

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

Director Name: Ann Blanchette			Director Name: Robert Blanchette		
Street Address: 10 Thayer Street			Street Address: 10 Thayer Street		
City: Upton	State: MA	Zip: 01568	City: Upton	State: Ma	Zip: 01568
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	0.00

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	Date
ANN BLANCHETTE (Pres)	2/1/23

Signature of Authorized Representative: Ann Blanchette (Pres)

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: 11/2021