



State of Rhode Island

Department of State - Business Services Division

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.

FILED AMP

FEB 03 2023

BY

2387

EQ

1. Entity ID Number 40326		2. Exact name of the Corporation Jarob Enterprises, LTD			
3. Principal Office Address 2013 Plainfield Street			City Johnston	State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <input type="checkbox"/>
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		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 ANN BLANCHETTE, (pres)				Date 2/1/23	
Signature of Authorized Representative <i>Ann Blanchette</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021