RI SOS Filir	ng Number: 2	202328877900	Date: 2/17/2	2023 4:00:00	PM	
State of Rhode Island Department of St	ate - Busine	ess Services Di	ivision			
nnual Report for the year: 2023			FEB 1 7 2023			
 ⇒ Filing period: February 1 - May 1 ⇒ Filing Fee: \$50.00 ⇒ Penalty: Additional \$25.00 fee if form is not filed by May 31. 			FEB 17 2023 2697			
1. Entity ID Number		e of the Corporation			· · · · · · · · · · · · · · · · · · ·	
000116093	JOE R	0551 and (ompany, L	td.		
3. Principal Office Address	pal Office Address 7 Abbott Run Willey Rd		Cumberle	and	State /RT	Zip 02864
NAICS Code 6. Brief description of the characte						0.2.86 /
51/2/10		p pesign fo				tre.
5. State of Incorporation ペエ		,	, 			
7. List ALL officers (names and ad	ddresses)		and free response to the		the box to indica	ate an attachment 🗖
resident Name Joseph A. Ross 1			Vice-President Name CHRISTINA ROSS			
Site Address 137 Abbott Run Valley Rel Sity Cumberland State RI 02864			Street Address 13.7 Abbrott Run Valley Rd.			
Cumper land	State R.I	02864	City Cun ren	rland	State	Zip () Z_864
Secretary Name Christina Rossi			Treasurer Name	A. Rose	51	
Street Address 137 Abhott Run Valley Rd			Street Address 137 Abbott Run Valley Rd. City State - Zip 11			
City Cumberland	State	2ip 02861	City Cumbe	Manel	State	Zip 02864
8. List ALL directors (names and	addresses)			Check	the box to indic	ate an attachment 🔲
Director Name Joseph A. Ross	, (Director Name			
Street Address'	~ Valley 1	Pil	Street Address			
Street Address 137 Abbott Run City Cumberland	State RI	02864	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issu				ate an attachment
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES PAR VALUE		
Changes require an additional filing.		NONE				·
11. This report must be executed trustee, this report must be executed	uted on behalf of	the corporation by the	he receiver or truste	ee.		
Under penalty of perjury, I dec	lare and affirm	that I have examine	d this report, inclu	uding any accor	mpanying sche	dules and
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	

Joseph A. Rossi 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