State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

Filing period. February 1 - May 1

Filing Fee \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

		ed by May 31.			<u> </u>
1. Entity ID Number 1 4 4 9 3 3	2. Exact name of	the Corporation	JJJC IN	vC	
3. Principal Office Address  Le L Fleer W			SandersTown		0787A
4 NAICS Code 531390 5. State of Incorporation RHODE BS (AND	Bu		of business conducted in Rhod Sell Re41 E		
7. List ALL officers (names and additional President Name	resses)			ck the box to indica	te an attachment 🔲
JAMES 1AYLOR			CAITUN TAYUN		
Street Address (al Cleet Wood DRIVE			Street Address LOO FLEET WOOD DRIVE		
Saunderstown	State	2000814	Sanders Town	State	2107874
JAMES TAYLOR			Treasurer Name  CAITLIN TAYLOR  Street Address		
Street Address LeeT WOUR PRIVE			Street Address FleeT WOOD DRIVE		
SandensTown	State RT	2p 814	Sand east own		Zip 3814
o List At L directors (names and ad	dresses)		Che	ck the box to indica	ite an attachment
Director Name NONE Director Name					
Street Address		, ,	Street Address	·	<u>-</u>
City	State	Ζp	C ty	State	Zıp
Director Name	Prector Name				
Street Address			Street Address		
City	State	7 ρ	C ty	State	Zıp
9. Shares Authorized					<u> </u>
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9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing.  11. This report must be executed on trustee, this report must be execute.	d in the  behalf of the core d on behalf of the	10. Shares Issued Number Rock Selection by an author by the corporation by the	d Cho MARES CLASSISE  thorized representative. If the coefficient or trustee.	rporation is in the h	ands of a receiver or
9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing.  11. This report must be executed on trestee, this report must be execute. Under penalty of perjury, I declare.	d in the  behalf of the corp d on behalf of the e and affirm that	10. Shares Issued NUMBER OF SHEET PROPERTY OF SH	d Cho MARRIS CLASSISE  thorized representative. If the coexidered receiver or trustee.  This report, including any acc	rporation is in the h	ands of a receiver or
9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing.  11. This report must be executed or trestee, this report must be execute. Under penalty of perjury, I declar statements, and that all statement. Name of Authorized Representative.	d in the  behalf of the corp d on behalf of the e and affirm that	poration by an authorporation by the I have examined true and of the I have a true and of the I have examined the I have exami	horized representative. If the coerceiver or trustee.  this report, including any accordect.	rporation is in the h	ands of a receiver or
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MAIL TO:

**Division of Business Services** 

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

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