

2-11-10

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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

MAR 13 2024

BY 1442  
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1. Entity ID Number 000789548		2. Exact name of the Corporation JYST VASQUEZ INC			
3. Principal Office Address 305 LANGDON ST			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island  TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOSE E VASQUEZ			Vice-President Name		
Street Address 305 LANGDON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name JOSE E VASQUEZ			Treasurer Name JOSE E VASQUEZ		
Street Address 305 LANGDON STREET			Street Address 305 LANGDON STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JOSE E VASQUEZ			Director Name JOSE E VASQUEZ		
Street Address 305 LANGDON STREET			Street Address 305 LANGDON STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			COMMON		
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. <b>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.</b>					
Name of Authorized Representative <u>JOSE E VASQUEZ</u>					Date ✓ 3-3-24
Signature of Authorized Representative JOSE E VASQUEZ					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov