



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.

STAMP  
FILED

MAR 25 2024

BY *[Signature]*

1. Entity ID Number <b>153876</b>	2. Exact name of the Corporation <b>Jagtrux, Inc.</b>
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3. Principal Office Address <b>1435 River Road</b>	City <b>Marietta</b>	State <b>PA</b>	Zip <b>17547</b>
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4. NAICS Code <b>484121</b>	6. Brief description of the character of business conducted in Rhode Island <b>Truck transportation or freight</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Zachary P. Germak</b>			Vice-President Name		
Street Address <b>1435 River Road</b>			Street Address		
City <b>Marietta</b>	State <b>PA</b>	Zip <b>17547</b>	City	State	Zip
Secretary Name <b>Andrew Germack</b>			Treasurer Name <b>Andrew Germack</b>		
Street Address <b>1435 River Road</b>			Street Address <b>1435 River Road</b>		
City <b>Marietta</b>	State <b>PA</b>	Zip <b>17547</b>	City <b>Marietta</b>	State <b>PA</b>	Zip <b>17547</b>

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>100</b>	<b>CWP</b>	<b>NO PAR</b>

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 <i>Zachary Germak</i>	Date <i>3/11/24</i>
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Signature of Authorized Representative  
*[Signature]*