



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

MAY 07 2024

BY

1. Entity ID Number 1666923		2. Exact name of the Corporation JET SET, INC			
3. Principal Office Address 1095 EDDY STREET		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island TO OPERATE RESTAURANT AND LOUNGES				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JESUS TITIN		Vice-President Name YINERKIS CONTRERAS			
Street Address 1070 BROAD STREET		Street Address 1070 BROAD STREET			
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name JESUS TITIN		Treasurer Name JESUS TITIN			
Street Address 1070 BROAD STREET		Street Address 1070 BROAD STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02905
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JESUS TITIN		Director Name			
Street Address 1070 BROAD STREET		Street Address			
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES 10,000.00	CLASS/SERIES CNP	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. <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 JESUS TITIN					Date 11/23/2023
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

FORM 630 - Revised: 11/2021