



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAY 14 2024
BY 5182
OS

1. Entity ID Number 001675047		2. Exact name of the Corporation JOHN'S SALVAGE, INC.			
3. Principal Office Address 32 WOOD STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island RUBBISH REMOVAL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARGARET LUSSIER			Vice-President Name SAME		
Street Address 32 WOOD STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARGARET LUSSIER			Director Name		
Street Address 32 WOOD STREEET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	CNP	NPV
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 MARGARET LUSSIER					Date 01/02/2024
Signature of Authorized Representative 					