



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 STAMP
MAR 04 2025
BY 0211

1. Entity ID Number 000075539		2. Exact name of the Corporation J.S.R. Co.			
3. Principal Office Address 1916 Kingstown Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
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 John Reves			Vice-President Name Stamatis Reves		
Street Address 199 West Reach Drive			Street Address 3 Cedar Rock Meadows		
City Jamestown	State RI	Zip 02835	City East Greenwich	State RI	Zip 02818
Secretary Name John Reves			Treasurer Name John Reves		
Street Address 199 West Reach Drive			Street Address 199 West Reach Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 PAR VALUE		
			100	Common	No Par Value
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 John Reves					Date 2-19-25
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov