

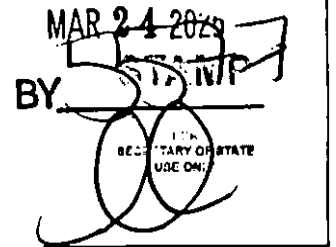


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



1. Entity ID Number 001696720		2. Exact name of the Corporation JSK Inc			
3. Principal Office Address 2430 WARWICK AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island LIQUOR STORE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DARSHANA PATEL			Vice-President Name DARSHANA PATEL		
Street Address 9 GERMANO WAY			Street Address 9 GERMANO WAY		
City ANDOVER	State MA	Zip 01810	City ANDOVER	State MA	Zip 01810
Secretary Name AASTHA SETH			Treasurer Name DARSHANA PATEL		
Street Address 2430 WARWICK AVENUE			Street Address 9 GERMANO WAY		
City WARWICK	State RI	Zip 02889	City ANDOVER	State MA	Zip 01810
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name AASTHA SETH			Director Name DARSHANA PATEL		
Street Address 2430 WARWICK AVENUE			Street Address 9 GERMANO WAY		
City WARWICK	State RI	Zip 02889	City ANDOVER	State MA	Zip 01810
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 ☐					
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 STOCKS	
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. <i>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.</i>					
Name of Authorized Representative AASTHA SETH				Date 12/01/2024	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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: 10/2017