



RI SOS Filing Number: 202572901550 Date: 5/5/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services DivisionAnnual 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

MAY 05 2025

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	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 JESUS TITIN				Date 02/04/2025	
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