

FILED



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.

MAY 19 2025
RECEIVED
DEPT OF STATE
BUS SVCS DIV
26 MAY 19 2 3:59

1. Entity ID Number 001699693		2. Exact name of the Corporation MR. J'S HAVANA SHOP LTD.			
3. Principal Office Address 2080 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF TOBACCO PRODUCTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL JOYAL			Vice-President Name		
Street Address 2080 Nooseneck Hill Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name PAUL JOYAL			Treasurer Name PAUL JOYAL		
Street Address 2080 Nooseneck Hill Road			Street Address 2080 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL JOYAL			Director Name		
Street Address 2080 Nooseneck Hill Road			Street Address		
City Coventry	State RI	Zip 02816	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
			8,000		CNP
					PAR VALUE
					No Par
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 PAUL JOYAL					Date 5-15-25
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