

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cebel)) is

subject to a penalty fee of \$25.00.						
1. Gorporate ID No. 33570		2. Name of Corporation J. D. MERCANTILE, INC.				
3. Street Address Principal Business Office 656 TEN ROD ROAD			North Kingstown	State RI	^{Zip} 02852	
4. Business Phone No. 401-294-8430		5. State of Incorporation RHODE ISLAND			•	
6. Brief Description of the Charac retail sales	ter of Business Condu	icted in Rhode Island		***************************************		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JOSEPH J. DUBE			ACHMENT) THIL IN SPACES BEFORE USING ATTACHMENTS Vica President Name DONNA H. DUBE			
Street Address 656 TEN ROD ROAD			Street Address 656 TEN ROD ROAD			
City North Kingstown	State RI	<i>Ζι</i> ρ 02852	City North Kingstown	State RI	^{Zip} 02852	
Secretary Name JOSEPH J. DUBE			Treasuror Name DONNA H. DUBE			
Street Address 656 TEN ROD ROAD			Street Address 656 TEN ROD ROAD			
North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
8. NAMES AND ADDRESS Director Name JOSEPH J. DUBE	ES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN S Director Name DONNA H. DUBE	PACES BEFORE USING	G ATTACHMENTS	
Street Address 656 TEN ROD ROAD			Street Address 656 TEN ROD ROAD			
City North Kingstown Director Name	State RI	^{Zip} 02852	City North Kingstown Director Name	State RI	Zip 02852	
Street Address			Street Address			
City	State	Zip	Cüy	State	Zip	
9. SHARES AUTHORIZED	1	 	in 10. SHARES ISSUED (ISSUED SHARES — THIS SECT		 IMENT) ∏	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			1,000	COMMON	NONE	
This report must be execut	ed on behalf of th	he corporation by an authorize	ed representative. If the cor	poration is in the hands	of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

	FILED
File Date	JAN 15 2009
Check No. By:	By_2370
	FOR SECRETARY OF STATE USE ONLY

including any accompanying schedu	and affirm that I have examined this report, ales and statements, and that all statements
contained forkin ate true and correct	1/12/09
Signature	Date
JQSEPH J. DUBE	
Print or Type Name	
PRESIDENT	
Title	