



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 33570		2. Name of Corporation J. D. MERCANTILE, INC.			
3. Street Address Principal Business Office 656 TEN ROD ROAD			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-8430		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island retail sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH J. DUBE			Vice President Name DONNA H. DUBE		
Street Address 656 TEN ROD ROAD			Street Address 656 TEN ROD ROAD		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name JOSEPH J. DUBE			Treasurer Name DONNA H. DUBE		
Street Address 656 TEN ROD ROAD			Street Address 656 TEN ROD ROAD		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH J. DUBE			Director Name DONNA H. DUBE		
Street Address 656 TEN ROD ROAD			Street Address 656 TEN ROD ROAD		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 1,000	Class/Series COMMON	Par Value NONE

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.

FILED

File Date JAN 15 2009

Check No. By 2370

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature JOSEPH J. DUBE Date 1/12/09

Print or Type Name
PRESIDENT

Title