



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

1. Corporate ID No. 129897		2. Name of Corporation J.D. Rivet & Co., Inc			
3. Street Address Principal Business Office 1635 Page Blvd.			City Springfield	State MA	Zip 01104
4. Business Phone No. 413-543-5660		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Roofing and Sheet Metal Contractor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James L. Trask			Vice President Name none Bruce F. Hambro, CEO		
Street Address 61 Longhill Drive			Street Address 34 Tennyson Drive		
City Somers	State CT	Zip 06071	City Longmeadow	State MA	Zip 01106
Secretary Name Marjorie Hambro			Treasurer Name Bruce F. Hambro		
Street Address 34 Tennyson Drive			Street Address 34 Tennyson Drive		
City Longmeadow	State MA	Zip 01106	City Longmeadow	State MA	Zip 01106
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James L. Trask			Director Name Bruce F. Hambro		
Street Address 61 Longhill Drive			Street Address 34 Tennyson Drive		
City Somers	State CT	Zip 06071	City Longmeadow	State MA	Zip 01106
Director Name Marjorie Hambro			Director Name		
Street Address 34 Tennyson Drive			Street Address		
City Longmeadow	State MA	Zip 01106	City	State	Zip
9. SHARES AUTHORIZED 100			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 MUST BE COMPLETED		
			Number of Shares 64 Shares	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.

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 James L. Trask Date 1/26/09
Print or Type Name
President
Title

File Date FILED
Check No. JAN 28 2009
By: By 29616
FOR SECRETARY OF STATE USE ONLY