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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.	2. Name of Corporation			
72013	J.D.M. Supply Co.			
3. Street Address Principal Business Office		City	State	Zip
846 Broncos Highway		Mapleville	RI	02839
4. Business Phone No.	5. State of Incorporation			
401-568-9155	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
Operating a supply company for industrial products.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
JAMES GOUIN			JAMES GOUIN		
Street Address			Street Address		
450 Whipple Avenue			450 Whipple Avenue		
City	State	Zip	City	State	Zip
Oakland	RI	02858	Oakland	RI	02858
Secretary Name			**Treasurer Name**		
JAMES GOUIN			MICHAEL J. GOUIN		
Street Address			Street Address		
450 Whipple Avenue			88 Joe Sarle Road		
City	State	Zip	City	State	Zip
Oakland	RI	02858	Chepachet	RI	02814

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
JAMES GOUIN			N/A		
Street Address			Street Address		
450 Whipple Avenue					
City	State	Zip	City	State	Zip
Oakland	RI	02858			
Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	Common Stock	NO PAR VALUE

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.

[redacted]

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.

James Gouin 2/17/09
Signature *Date*

JAMES GOUIN
Print or Type Name

[redacted] President
Title

File Date 2-24-09
Check No. 16424
By: mnc

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