STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Edward S. Inman, III, Secretary of State*
*Corporations Division*
*100 North Main Street, Providence, RI 02903-1335*
*401-222-3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

***Filing Period: January 1–March 1 • Filing Fee: $50.00***

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

*1. Corporate ID No.* 113420

*2. Name of Corporation* J. Roukous, Inc.

*3. Street Address Principal Business Office* 23 Theodore Foster Rd. *City* N. Scituate *State* R. I. *Zip* 02857

*4. Business Phone No.* 401- 647-7498 *5. State of Incorporation* RHODE ISLAND *6. SIC Code*

*7. Brief Description of the Character of Business Conducted in Rhode Island*
CONSTRUCTION

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

*President Name* JOSEPH ROUKOUS
*Street Address* 23 THEODORE FOSTER Rd.
*City* N. SCITUATE *State* R.I. *Zip* 02857

*Vice President Name* FRANCES ROUKOUS
*Street Address* 23 THEODORE FOSTER Rd.
*City* N. SCITUATE *State* R.I. *Zip* 02857

*Secretary Name* FRANCES ROUKOUS
*Street Address* 23 THEODORE FOSTER Rd.
*City* N. SCITUATE *State* R.I. *Zip* 02857

*Treasurer Name* JOSEPH ROUKOUS
*Street Address* 23 THEODORE FOSTER Rd
*City* N. SCITUATE *State* R.I. *Zip* 02857

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

*Director Name* JOSEPH ROUKOUS
*Street Address* 23 THEODORE FOSTEN Rd.
*City* N. SCITUATE *State* R.I *Zip* 02857

*Director Name* FRANCES ROUKOUS
*Street Address* 23 THEODORE FOSTEN Rd
*City* N. SCITUATE *State* RI *Zip* 02857

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

**10. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

| *Number of Shares* | *Class/Series* | *Par Value* |
|---|---|---|
| 1,000 COMM | NO PAR VALUE | |

**11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

| *Number of Shares* | *Class/Series* | *Par Value* |
|---|---|---|
| 200 | Common | No Par |

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

** 1 1 3 4 2 0 **

*File Date:* 1-22-02

*Check No.:* 371

*By:* R

FOR SECRETARY OF STATE USE ONLY

[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.

Frances Roukous 1/18/02
*Signature of Officer* *Date*

FRANCES ROUKOUS
*Print or Type Name of Officer*

V. PRES
*Title of Officer*



*Form 630 12/01*