



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 2011

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. 94131		2. Name of Corporation J. A. Remodeling, Inc.			
3. Street Address Principal Business Office 28 Paine Ave			City Cranston	State RI	Zip 02901
4. Business Phone No. (401)4672297		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To conduct all types of interior and exterior remodeling					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Aguiar			Vice President Name Peter Aguiar		
Street Address 28 Paine Ave,			Street Address 139 Allen Ave.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Robin Aguiar			Treasurer Name Robin Aguiar		
Street Address 28 Paine Ave			Street Address 28 Paine Ave.		
City Crabston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Aguiar			Director Name		
Street Address 28 Paine Ave,			Street Address		
City Cranstonn	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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. 1,000 comm no par value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	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 _____
Check No. **MAR 02 2011**
BY **1933**
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 **Robin Aguiar** Date **3-1-11**
Print or Type Name
Title **Secretary**