



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 19484		2. Exact name of the Corporation C. & J. O'D., Inc.			
3. Principal office address 92 Sunnyside Avenue		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. (401) 762-0525		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rendering					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Charles H. O'Donnell, III			Vice-President Name Judith & Richard Duich		
Street Address 1204 Brookhaven Lane			Street Address 114 Harbour Sound Road, Kent Island		
City Woonsocket	State RI	Zip 02895	City Chester	State MD	Zip 21619
Secretary Name Patricia Gregoire			Treasurer Name Judith Duich		
Street Address 70 Rose Avenue			Street Address 114 Harbour Sound Road, Kent Island		
City Woonsocket	State RI	Zip 02895	City Chester	State MD	Zip 21619
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Charles H. O'Donnell, III			Director Name Judith Duich		
Street Address 1204 Brookhaven Lane			Street Address 114 Harbour Sound Road, Kent Island		
City Woonsocket	State RI	Zip 02895	City Chester	State MD	Zip 21619
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			250	Comm	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.

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED

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By 165108
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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.

Charles H. O'Donnell, III 02/21/2012
Signature of Authorized Representative Date

Charles H. O'Donnell, III
Print or Type Name of Authorized Representative