



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. 000084475		2. Exact name of the Corporation J. Madison, Inc.								
3. Principal office address 18 Short Road		City Exeter	State RI	Zip 02822						
4. Business Phone No. (401) 397-2730		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island Professional Engineering Design and Consulting Services										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name James M. Swindlehurst, PE			Vice-President Name none							
Street Address 18 Short Road			Street Address							
City Exeter	State RI	Zip 02822	City	State	Zip					
Secretary Name			Treasurer Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name none			Director Name none							
Street Address			Street Address							
City	State	Zip	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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						\$1000.00		\$0.00		

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____

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.

FILED

James Swindlehurst 06/11/2012
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

James Swindlehurst
 Print or Type Name of Authorized Representative

JUN 21 2012

BY AL 17315