



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. 56239		2. Exact name of the Corporation JDM Enterprises, Inc.		
3. Principal office address 1193 Broad Street		City Providence	State RI	Zip 02905
4. Business Phone No. 4019415500		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Cleaning and restoration.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Francisco J. Mattos		Vice-President Name Connie Mattos Camara		
Street Address 76 Wentworth Drive		Street Address 4 Lauren Drive		
City Saunderstown	State RI	Zip 02874	City New Bedford	Zip 02745
Secretary Name Cheryl A. Mattos		Treasurer Name Francisco J. Mattos		
Street Address 76 Wentworth Drive		Street Address 76 Wentworth Drive		
City Saunderstown	State RI	Zip 02874	City Saunderstown	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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
		8000	CWP	\$1.00

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

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 of Authorized Representative *Francisco J. Mattos* Date **6/5/2012**
 Print or Type Name of Authorized Representative **Francisco J. Mattos**

FILED

JUN 21 2012

By *mmc*
 CA # 4094