



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 2013

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. 121457		2. Exact name of the Corporation S.J. Mill Company			
3. Principal office address 90 Elm Street		City Providence		State RI	Zip 02903
4. Business Phone No. 401-274-1550		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of a grist mill and related activities					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pauline C. Metcalf			Vice-President Name None		
Street Address 375 Mail Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Frank Mauran			Treasurer Name Esther E.M. Mauran		
Street Address 109 Benefit Street			Street Address 109 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank Mauran			Director Name Pauline C. Metcalf		
Street Address 109 Benefit Street			Street Address 375 Mail Road		
City Providence	State RI	Zip 02903	City Exeter	State RI	Zip 02822
Director Name Esther E.M. Mauran			Director Name Richard Kenyon		
Street Address 109 Benefit Street			Street Address 380 Tripps Corner Road		
City Providence	State RI	Zip 02903	City Exeter	State RI	Zip 02822
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
			200	Common	.01

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
FEB 01 2013
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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.

Frank Mauran 2/20/13
Signature of Authorized Representative Date

Frank Mauran

Print or Type Name of Authorized Representative