



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. <b>117489</b>		2. Exact name of the Corporation <b>N. JACKSON CONSTRUCTION, INC.</b>		
3. Principal office address <b>83 Water Street</b>		City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4. Business Phone No. <b>(401) 245-7897</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Roofing Construction of all types including Residential and Commercial, Construction and Renovations of all types.</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Noel E. Jackson</b>		Vice-President Name <b>Noel E. Jackson</b>		
Street Address <b>83 Water Street</b>		Street Address <b>83 Water Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>
Secretary Name <b>Noel E. Jackson</b>		Treasurer Name <b>Noel E. Jackson</b>		
Street Address <b>83 Water Street</b>		Street Address <b>83 Water Street</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Noel E. Jackson</b>		Director Name		
Street Address <b>83 Water Street</b>		Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
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 <b>100</b>		CLASS/SERIES <b>Common</b>		PAR VALUE <b>No Par Value</b>

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**

**FEB 06 2013**

**3492**

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.

*Noel Jackson*  
Signature of Authorized Representative

**1/29/13**  
Date

**Noel E. Jackson**

Print or Type Name of Authorized Representative

File Date: \_\_\_\_\_  
Check No: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY