



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. 795717		2. Exact name of the Corporation JRA Powder Coating, INC	
3. Principal office address 360 Metacom Avenue		City BRISTOL	State RI
		Zip 02809	
4. Business Phone No. 401 254 2628		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Powder Coating			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name JEFFREY R AMARAL		Vice-President Name CAROLINA E AMARAL	
Street Address 19 ROSEDALE DRIVE		Street Address 19 ROSEDALE DRIVE	
City BRISTOL	State RI	Zip 02809	City BRISTOL
			State RI
			Zip 02809
Secretary Name CAROLINA E AMARAL		Treasurer Name JEFFREY R AMARAL	
Street Address 19 ROSEDALE DRIVE		Street Address 19 ROSEDALE DRIVE	
City BRISTOL	State RI	Zip 02809	City BRISTOL
			State RI
			Zip 02809
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
			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 checked="" 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
		100	
			PAR VALUE
			.01

2013 FEB 22 AM 11:49
 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 _____

FILED *m*

Check No _____

FEB 22 2013

By: _____

BY *m* 190740

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.

Jeffrey R Amaral 1-17-13
 Signature of Authorized Representative Date

JEFFREY R AMARAL
 Print or Type Name of Authorized Representative