



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

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 22 2013

BY 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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative