



**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 2009**

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 DR.		
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			
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100		.01

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 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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**

FEB 22 2013

BY CA 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

JEFFREY R AMARAL  
 Print or Type Name of Authorized Representative

1-17-13