



**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 2008**

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 300 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 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
			100		.01

SECRETARY OF STATE  
 CORPORATIONS DIV  
 FEB 22 AM 11:48

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 \_\_\_\_\_ FEB 22 2013  
 Check No \_\_\_\_\_ BY CA 190740  
 By: \_\_\_\_\_

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: Jeffrey R. Amaral 1-17-12  
 Date: \_\_\_\_\_  
 Print or Type Name of Authorized Representative: JEFFREY R. AMARAL