



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. 142768		2. Exact name of the Corporation Johnson's Radon Management, Inc.		
3. Principal office address 66 Quarry Road		City North Scituate	State RI	Zip 02857
4. Business Phone No.		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island Radon Abatement				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Tanya A. Skorohod-Johnson		Vice-President Name		
Street Address 66 Quarry Road		Street Address		
City North Scituate	State RI	Zip 02857	City	State
Secretary Name Tanya A. Skorohod-Johnson		Treasurer Name Tanya A. Skorohod-Johnson		
Street Address 66 Quarry Road		Street Address 66 Quarry Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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	common	no par value

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

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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.

Tanya A. Skorohod-Johnson
Signature of Authorized Representative
Tanya A. Skorohod-Johnson
Date
Print or Type Name of Authorized Representative