

AMENDED



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. 000743722		2. Exact name of the Corporation J ROYAL US, INC.			
3. Principal office address 3720 STANFORD WAY			City CLEMMONS	State NC	Zip 27012
4. Business Phone No. 7278122820			5. State of Incorporation DELAWARE		
6. Brief description of the character of business conducted in Rhode Island Profit Corporation- Wholesale & Retail of Molded Durable Goods					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RUSS BROWN (CEO, AND PRESIDENT)			Vice-President Name BRIAN COLLINS (CFO, NOT VICE PRESIDENT)		
Street Address 1016 N BELCHER RD			Street Address 1016 N BELCHER RD		
City CLEARWATER	State FL	Zip 33765	City CLEARWATER	State FL	Zip 33765
Secretary Name BRIAN COLLINS			Treasurer Name BRIAN COLLINS		
Street Address 1016 N BELCHER RD			Street Address 1016 N BLECHER RD		
City CLEARWATER	State FL	Zip 33765	City CLEARWATER	State FL	Zip 33765
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name IAIN HENDERSON			Director Name RUSS BROWN		
Street Address 12 CHARTERHOUSE SQUARE			Street Address 1016 N BELCHER RD		
City LONDON, ENGLAND	State GB	Zip EC1M 6AX	City CLEARWATER	State FL	Zip 33765
Director Name BRIAN COLINS			Director Name		
Street Address 1016 N BELCHER RD			Street Address		
City CLEARWATER	State FL	Zip 33765	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
			1000	CWP	0.01

RECEIVED STATE SECRETARIAT DIVISION MAY 17 AM 11:00

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: _____

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.

106 FILED
MAY 17 2013

Victoria Brady **05/07/2013**
 Signature of Authorized Representative Date

VICTORIA BRADY
 Print or Type Name of Authorized Representative

BY fr