



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. <b>792934</b>		2. Exact name of the Corporation <b>JEM 27, INC</b>			
3. Principal office address <b>68 CUMBERLAND STREET SUITE 203</b>		City <b>WOONSOCKET</b>	State <b>RJ</b>	Zip <b>02895</b>	
4. Business Phone No. <b>(401) 768-3800</b>		5. State of Incorporation <b>NEW YORK</b>			
6. Brief description of the character of business conducted in Rhode Island <b>MFG REP-WHOLESALE HOUSEWARES</b>					
7. LIST ALL OFFICER (NAME AND ADDRESS) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>BRUCE GOLD</b>			Vice-President Name <b>BRUCE GOLD</b>		
Street Address <b>2505 KERRY LANE</b>			Street Address <b>2505 KERRY LANE</b>		
City <b>BELLMORE</b>	State <b>NY</b>	Zip <b>11710</b>	City <b>BELLMORE</b>	State <b>NY</b>	Zip <b>11710</b>
Secretary Name <b>BRUCE GOLD</b>			Treasurer Name <b>BRUCE GOLD</b>		
Street Address <b>2505 KERRY LANE</b>			Street Address <b>2505 KERRY LANE</b>		
City <b>BELLMORE</b>	State <b>NY</b>	Zip <b>11710</b>	City <b>BELLMORE</b>	State <b>NY</b>	Zip <b>11710</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>BRUCE GOLD</b>			Director Name		
Street Address <b>2505 KERRY LANE</b>			Street Address		
City <b>BELLMORE</b>	State <b>NY</b>	Zip <b>11710</b>	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
			200	COMMON	0

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.

Filing Date

Check No

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

FOR SECRETARY OF STATE USE ONLY

**FILED**

Form No. 630  
Revised: 01/2012

JUN 13 2013

By MME  
CN # 1578

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 [Signature] Date **06/12/2013**

**BRUCE GOLD, PRESIDENT**

Print or Type Name of Authorized Representative