



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

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 39038		2. Exact name of the Corporation J.A.M. Masonry, Inc.		
3. Principal office address 6 Lori Ellen Drive		City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-232-7972		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Masonry Contracting				
President Name James A. Munio		Vice-President Name Barbara Munio		
Street Address 6 Lori Ellen Drive		Street Address 6 Lori Ellen Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI
Secretary Name Carol Munio		Treasurer Name Barbara Munio		
Street Address 6 Lori Ellen Drive		Street Address		
City Smithfield	State RI	Zip 02917	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name James A. Munio		Director Name Barbara Munio		
Street Address 6 Lori Ellen Drive		Street Address 6 Lori Ellen Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI
Director Name Carol Munio		Director Name		
Street Address 6 Lori Ellen Drive		Street Address		
City Smithfield	State RI	Zip 02917	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
		600	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.

FILED

JUN 26 2013

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.

File Date _____

Check No _____

By: _____

James A. Munio
 Signature of Authorized Representative

6-22-13
 Date

James A. Munio, President

Print or Type Name of Authorized Representative

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