



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 2014

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. 19484		2. Exact name of the Corporation C. & J. O'D., Inc.		
3. Principal office address 92 Sunnyside Avenue		City Woonsocket	State RI	Zip 02895
4. Business Phone No. (401)762-0525		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Rendering				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Charles H. O'Donnell		Vice-President Name Judith Duich		
Street Address 1204 Brookhaven Lane		Street Address 9777 Bowline Dr, Unit 102		
City Woonsocket	State RI	Zip 02895	City West Palm Beach	State FL
Secretary Name Charles H. O'Donnell		Treasurer Name Judith Duich		
Street Address 1204 Brookhaven Lane		Street Address 9777 Bowline Dr, Unit 102		
City Woonsocket	State RI	Zip 02895	City West Palm Beach	State FL
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Charles H. O'Donnell		Director Name Judith Duich		
Street Address 1204 Brookhaven Lane		Street Address 9777 Bowline Dr, Unit 102		
City Woonsocket	State RI	Zip 02895	City West Palm Beach	State FL
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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
		250	Comm	No Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FEB 16 2014
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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.

Charles O'Donnell 2/12/14
 Signature of Authorized Representative Date

Charles H. O'Donnell
 Print or Type Name of Authorized Representative