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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.	2. Exact name of the Corporation
72013	J.D.M. Supply Co.

3. Principal office address	City	State	Zip
846 Bronco Highway	Mapleville	RI	02839

4. Business Phone No.	5. State of Incorporation
401-568-9155	RI

6. Brief description of the character of business conducted in Rhode Island
Operating a supply company for industrial products.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
James Gouin	846 Bronco Highway	Mapleville	RI	02839

Vice-President Name	Street Address	City	State	Zip
James Gouin	846 Brondo Highway	Mapleville	RI	02839

Secretary Name	Street Address	City	State	Zip
James Gouin	846 Bronco Highway	Mapleville	RI	02839

Treasurer Name	Street Address	City	State	Zip
Michael J. Gouin	88 Joe Sarle Road	Glocester	RI	02814

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
James Gouin	846 Bronco Highway	Mapleville	RI	02839
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common Stock	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.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.
By:

FILED
FEB 19 2014
20524

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.

James Gouin 2/6/14
Signature of Authorized Representative Date

JAMES GOUIN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103004-69-944955