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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		
123989	**JAFFCO Packaging Machinery, Inc.**		
3. Principal office address: **PO Box 670**	City: **Wakefield**	State: **RI**	Zip: **02880**
4. Business Phone No.: **401-788-0742**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Manufacturer's Representatives; office only.**			

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

President Name: **Bruce Fournier**			Vice-President Name: **Robert Fournier**		
Street Address: **105 Camden Rd.**			Street Address: **1243 Whitewood Way**		
City: **Narragansett**	State: **RI**	Zip: **02882**	City: **West Chester**	State: **PA**	Zip: **19382**
Secretary Name: **Robert Fournier**			Treasurer Name: **Bruce Fournier**		
Street Address: **1243 Whitewood Way**			Street Address: **105 Camden Rd.**		
City: **West Chester**	State: **PA**	Zip: **19382**	City: **Narragansett**	State: **RI**	Zip: **02882**

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

Director Name: **Bruce Fournier**			Director Name: **Robert Fournier**		
Street Address: **105 Camden Rd.**			Street Address: **1243 Whitewood Way**		
City: **Narragansett**	State: **RI**	Zip: **02882**	City: **West Chester**	State: **PA**	Zip: **19382**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
0	0	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
APR 17 2014
BK 3286

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.

Bruce E. Fournier 4/3/14
Signature of Authorized Representative — Date

Bruce E. Fournier
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

105690-6-956993