



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

BENEFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 006506794		2. Exact name of the Corporation J and B Films Inc.			
3. Principal office address 150 chatham st.		City Providence		State RI	Zip 02904
4. Business Phone No. 1-508-889-2783		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Window film applications					
7. LIST ALL OFFICERS & DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jonathan Blasi			Vice-President Name Thomas Betcher		
Street Address 150 chatham st.			Street Address 150 chatham st.		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Benefit Officer (if applicable)			Benefit Director (if applicable)		
Street Address			Street Address		
City	State	Zip	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"/>		

<input type="checkbox"/> Check if stock is publicly traded. 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
	10,000	COMMON	NONE

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: _____

FILED

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

Date

2/13/15

FOR SECRETARY OF STATE USE ONLY

Form No. 633
Revised: 07/2013

FEB 17 2015

Print or Type Name of Authorized Representative

BY 1457