



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 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. 69883		2. Exact name of the Corporation JMC CONSTRUCTION, INC.			
3. Principal office address 118 WEST ROAD		City CUMBERLAND		State RI	Zip 02864
4. Business Phone No. (401) 692-9167		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Renovate and Construct Homes and Buildings and any other legal purpose.					
President Name MICHAEL A. CARR					
Vice-President Name MICHAEL A. CARR					
Street Address 118 WEST ROAD			Street Address 118 WEST ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name MICHAEL A. CARR			Treasurer Name MICHAEL A. CARR		
Street Address 118 WEST ROAD			Street Address 118 WEST ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name MICHAEL A. CARR			Director Name		
Street Address 118 WEST ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 1	CLASS/SERIES	PAR VALUE 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.

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.

Michael Carr 05/01/2015
Signature of Authorized Representative Date

MICHAEL A. CARR

Print or Type Name of Authorized Representative