



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.<br><b>69883</b>                                                                                                                                  |                    | 2. Exact name of the Corporation<br><b>JMC CONSTRUCTION, INC.</b> |                                                  |                     |                               |
| 3. Principal office address<br><b>118 WEST ROAD</b>                                                                                                               |                    |                                                                   | City<br><b>CUMBERLAND</b>                        | State<br><b>RI</b>  | Zip<br><b>02864</b>           |
| 4. Business Phone No.<br><b>(401) 692-9167</b>                                                                                                                    |                    |                                                                   | 5. State of Incorporation<br><b>RHODE ISLAND</b> |                     |                               |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Renovate and Construct Homes and Buildings and any other legal purpose.</b>     |                    |                                                                   |                                                  |                     |                               |
| <b>President Name</b><br><b>MICHAEL A. CARR</b>                                                                                                                   |                    |                                                                   |                                                  |                     |                               |
| <b>Vice-President Name</b><br><b>MICHAEL A. CARR</b>                                                                                                              |                    |                                                                   |                                                  |                     |                               |
| <b>Street Address</b><br><b>118 WEST ROAD</b>                                                                                                                     |                    |                                                                   | <b>Street Address</b><br><b>118 WEST ROAD</b>    |                     |                               |
| City<br><b>CUMBERLAND</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02864</b>                                               | City<br><b>CUMBERLAND</b>                        | State<br><b>RI</b>  | Zip<br><b>02864</b>           |
| <b>Secretary Name</b><br><b>MICHAEL A. CARR</b>                                                                                                                   |                    |                                                                   | <b>Treasurer Name</b><br><b>MICHAEL A. CARR</b>  |                     |                               |
| <b>Street Address</b><br><b>118 WEST ROAD</b>                                                                                                                     |                    |                                                                   | <b>Street Address</b><br><b>118 WEST ROAD</b>    |                     |                               |
| City<br><b>CUMBERLAND</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02864</b>                                               | City<br><b>CUMBERLAND</b>                        | State<br><b>RI</b>  | Zip<br><b>02864</b>           |
| <b>Director Name</b><br><b>MICHAEL A. CARR</b>                                                                                                                    |                    |                                                                   | <b>Director Name</b>                             |                     |                               |
| <b>Street Address</b><br><b>118 WEST ROAD</b>                                                                                                                     |                    |                                                                   | <b>Street Address</b>                            |                     |                               |
| City<br><b>CUMBERLAND</b>                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02864</b>                                               | City                                             | State               | Zip                           |
| <b>Director Name</b>                                                                                                                                              |                    |                                                                   | <b>Director Name</b>                             |                     |                               |
| <b>Street Address</b>                                                                                                                                             |                    |                                                                   | <b>Street Address</b>                            |                     |                               |
| City                                                                                                                                                              | State              | Zip                                                               | City                                             | State               | Zip                           |
| <b>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.</b> |                    |                                                                   | <b>NUMBER OF SHARES</b><br><b>1</b>              | <b>CLASS/SERIES</b> | <b>PAR VALUE</b><br><b>01</b> |

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 A. Carr* 05/01/2015  
Signature of Authorized Representative Date

**MICHAEL A. CARR**

Print or Type Name of Authorized Representative

FILED

MAY 04 2015

11:38

BY

248185