



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 2016**

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. <b>42048</b>		2. Exact name of the Corporation <b>J.P.G. CONSTRUCTION, INC.</b>			
3. Principal office address <b>220 GREENSLIT AVENUE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONSTRUCTION WORK</b>					
<b>7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>JAMES P. GRIFFIN</b>		Vice-President Name <b>SAME</b>			
Street Address <b>220 GREENSLIT AVENUE</b>		Street Address			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. BOARD OF DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>JAMES P. GRIFFIN</b>		Director Name			
Street Address <b>220 GREENSLIT AVENUE</b>		Street Address			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</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>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NPV	

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.

Signature of Authorized Representative

**JAMES GRIFFIN**

Print or Type Name of Authorized Representative

Date

Filing No.

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

BY

**FILED**  
JAN 15 2016

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