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.	2. Exact name of the Corporation
42048	J.P.G. CONSTRUCTION, INC.

3. Principal office address	City	State	Zip
220 GREENSLIT AVENUE	PAWTUCKET	RI	02861

4. Business Phone No.	5. State of Incorporation
	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
GENERAL CONSTRUCTION WORK

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

President Name	Vice-President Name
JAMES P. GRIFFIN	SAME
Street Address: 220 GREENSLIT AVENUE	Street Address:
City: PAWTUCKET, State: RI, Zip: 02861	City, State, Zip:
Secretary Name: SAME	Treasurer Name: SAME
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

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

Director Name	Director Name
JAMES P. GRIFFIN	
Street Address: 220 GREENSLIT AVENUE	Street Address:
City: PAWTUCKET, State: RI, Zip: 02861	City, State, Zip:
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
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.

FOR SECRETARY OF STATE USE ONLY
Filing Date: _____
Check No: _____
By: _____

FILED
JAN 15 2016
BY 13918

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: 1/11/16

JAMES GRIFFIN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012