



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. 153176 | | 2. Exact name of the Corporation J & K Supplemental Plumbing, Inc. | | | |
| 3. Principal office address 2842 South County Trail, Suite F26 | | | City East Greenwich | State RI | Zip 02818 |
| 4. Business Phone No. 401-884-2354 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island To own, manage and operate a plumbing business. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name John P. Damian | | | Vice-President Name Karen L. Chappell | | |
| Street Address 303 South Road | | | Street Address 2 State Street, Apt. B | | |
| City East Greenwich | State RI | Zip 02818 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Karen L. Chappell | | | Treasurer Name John P. Damian | | |
| Street Address 2 State Street, Apt. B | | | Street Address 303 South Road | | |
| City North Kingstown | State RI | Zip 02852 | City East Greenwich | State RI | Zip 02818 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name John P. Damian | | | Director Name Karen L. Chappell | | |
| Street Address 303 South Road | | | Street Address 2 State Street, Apt. B | | |
| City East Greenwich | State RI | Zip 02818 | City North Kingstown | State RI | Zip 02852 |
| 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"/> | | |
| 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 |
| | | | 100 | CWP | \$0.01 |

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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

BY 1629

FEB 16 2016

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.

Karen Chappell 1/20/16
 Signature of Authorized Representative Date

Karen L. Chappell
 Print or Type Name of Authorized Representative