

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

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 na	me of the Corporation	***************************************			
529843	J&S Bu	J&S Building Exteriors, Inc.				
3. Principal office address P.O. Box 115			City Attleboro	State MA	Zip 02703	
4. Business Phone No. 508-761-3552			5. State of Incorporation Rhode Island			
6. Brief description of the Roofing/Construc		s conducted in Rhode Islan	d			
			Vice-President Name Joseph Smith			
Street Address 89 Linden Street			Street Address 123 Pine Street			
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Zip 02771	
Secretary Name Joseph Smith			Treasurer Name Steven Harvey			
Street Address 123 Pine Street			Street Address 89 Linden Street			
City Seekonk	State MA	Zip 02771	City Attleboro	State MA	Zip 02771	
Director Name Steven Harvey	Stravijaszanie (o)	lili¥ti=ga (t. 3000010).	Director Name Joseph Smith	and the state of t		
Street Address 89 Linden Street			Street Address 123 Pine Street		SE 2016	
City Attleboro	State MA	Zip 02703	City Seekonk	State MA	Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Director Name			Director Name		RATE RATE	
Street Address			Street Address			
City	State	Zip	City	State	STATE OF TAKEN	
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			20,000	Common	No Par Value	
		corporation by an authorize	od roprocentative. If the	page action to in the band		
Open mot be exec	Alternation	-th-	u ropresentanve, n (ne i	corporation is in the nand:	o or a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

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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.

Date

Signature of Authorized Representative

Steven Harvey, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

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