



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>21353</b>		2. Exact name of the Corporation <b>J &amp; M Custom Mold, Inc.</b>						
3. Principal office address <b>49 Franklin Road</b>		City <b>Foster</b>		State <b>RI</b>	Zip <b>02825</b>			
4. Business Phone No. <b>401-647-5144</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Building, manufacturing &amp; repair molds of all types.</b>								
President Name <b>Joseph K Richard Jr.</b>			Vice-President Name <b>Margaret J Richard</b>					
Street Address <b>49 Franklin Road</b>			Street Address <b>49 Franklin Road</b>					
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>			
Secretary Name <b>Margaret J Richard</b>			Treasurer Name <b>Joseph K Richard Jr.</b>					
Street Address <b>49 Franklin Road</b>			Street Address <b>49 Franklin Road</b>					
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>			
Director Name <b>NONE</b>			Director Name <b>NONE</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name <b>NONE</b>			Director Name <b>NONE</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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	commonstock	no par

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.

*Margaret J Richard* 2-23-16  
Signature of Authorized Representative Date

**Margaret J Richard**  
Print or Type Name of Authorized Representative

**FILED**  
FEB 25 2016  
RV **KL 5734**