



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