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
123989	Jaffco Packaging Machinery, Inc.

3. Principal office address	City	State	Zip
PO Box 670	Wakefield	RI	02880

4. Business Phone No.	5. State of Incorporation
401-662-3745	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Manufacturer's Representatives - office only

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

President Name	Street Address	City	State	Zip
Bruce Fournier	67 Bonnet Point Road	Narragansett	RI	02002

Vice-President Name	Street Address	City	State	Zip
Robert Fournier	1243 White Wood Way	West Chester	PA	19382

Secretary Name	Street Address	City	State	Zip
Robert Fournier	1243 White Wood Way	West Chester	PA	19382

Treasurer Name	Street Address	City	State	Zip
Bruce Fournier	67 Bonnet Point Rd.	Narragansett	RI	02882

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

Director Name	Street Address	City	State	Zip
Bruce Fournier	67 Bonnet Point Rd.,	Narragansett	RI	02882
Robert Fournier	1243 White Wood Way	West Chester	PA	19382

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	0	0	0

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

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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.

Signature of Authorized Representative — Date: 2/10/16

Bruce E. Fournier
Print or Type Name of Authorized Representative

FILED
MAR 07 2016 11:47
By AL 269 443

Form No. 630
Revised: 01/2012

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