



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. 123989		2. Exact name of the Corporation Jaffco Packaging Machinery, Inc.			
3. Principal office address PO Box 670		City Wakefield	State RI	Zip 02880	
4. Business Phone No. 401-662-3745		5. State of Incorporation 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 Bruce Fournier			Vice-President Name Robert Fournier		
Street Address 67 Bonnet Point Road			Street Address 1243 White Wood Way		
City Narragansett	State RI	Zip 02002	City West Chester	State PA	Zip 19382
Secretary Name Robert Fournier			Treasurer Name Bruce Fournier		
Street Address 1243 White Wood Way			Street Address 67 Bonnet Point Rd.		
City West Chester	State PA	Zip 19382	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Bruce Fournier			Director Name		
Street Address 67 Bonnet Point Rd.,			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name Robert Fournier			Director Name		
Street Address 1243 White Wood Way			Street Address		
City West Chester	State PA	Zip 19382	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			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: _____

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

Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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