



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. 788034		2. Exact name of the Corporation JAM Remodeling, Inc.			
3. Principal office address 5 HANE D			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-378-6078			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Remodeling - Bathrooms, Kitchens, Etc.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James A. McNulty			Vice-President Name SAME		
Street Address 5 HANE D			Street Address ---		
City Coventry	State RI	Zip 02816	City ---	State ---	Zip ---
Secretary Name SAME			Treasurer Name ---		
Street Address ---			Street Address ---		
City "	State "	Zip "	City ---	State ---	Zip ---
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ---			Director Name ---		
Street Address ---			Street Address ---		
City ---	State ---	Zip ---	City ---	State ---	Zip ---
Director Name ---			Director Name ---		
Street Address ---			Street Address ---		
City ---	State ---	Zip ---	City ---	State ---	Zip ---
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 NONE	CLASS/SERIES ---	PAR VALUE - 0 -
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RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

FILED
MAR 09 2016
269613

James A. McNulty
 Signature of Authorized Representative
 Date **2-21-2016**
JAMES A. MCNULTY
 Print or Type Name of Authorized Representative