



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. 000912498		2. Exact name of the Corporation McJamp Inc.			
3. Principal office address 414 Smithfield Ave		City Providence	State RI	Zip 02904	
4. Business Phone No. 617-201-3926		5. State of Incorporation Mass			
6. Brief description of the character of business conducted in Rhode Island Transportation/Leasing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul E Morrill Jr.			Vice-President Name Catherine A Morrill		
Street Address 34 Willard St			Street Address 150 Milton Ave		
City Dedham	State MA	Zip 02026	City Hyde Park	State MA	Zip 02136
Secretary Name Catherine A Morrill			Treasurer Name Paul E Morrill Jr.		
Street Address 150 Milton Ave			Street Address 34 Willard St		
City Hyde Park	State MA	Zip 02136	City Dedham	State MA	Zip 02026
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	CLASS/SERIES	PAR VALUE
			20000	CNP	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 **MAR 16 2016**

By 270162

KM

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

Paul E Morrill Jr.

3/2/16

Print or Type Name of Authorized Representative