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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		
162586	JDAM CORPORATION		
3. Principal office address: 380 WARWICK AVENUE	City: WARWICK	State: RI	Zip: 02886
4. Business Phone No.	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: SALE OF ALCOHOLIC BEVERAGES			

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

President Name: JOHN T. HOGAN			Vice-President Name		
Street Address: 165 UNDERWOOD STREET			Street Address		
City: HOLLISTON	State: MA	Zip: 01746	City	State	Zip
Secretary Name: JOHN T. HOGAN			Treasurer Name: DIANE M. HOGAN		
Street Address: 165 UNDERWOOD STREET			Street Address: 165 UNDERWOOD STREET		
City: HOLLISTON	State: MA	Zip: 01746	City: HOLLISTON	State: MA	Zip: 07146

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

Director Name: JOHN T. HOGAN			Director Name: DIANE M. HOGAN		
Street Address: 165 UNDERWOOD STREET			Street Address: 165 UNDERWOOD STREET		
City: HOLLISTON	State: MA	Zip: 01746	City: HOLLISTON	State: MA	Zip: 01746
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
473,000	COMMON	1,000 per share

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.

Signature of Authorized Representative — Date: 3/1/16

John T. Hogan, President
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 23 2016
BY KL 10148

Form No. 630
Revised: 01/2012
134351-3-1117807