RI SOS Filing Number: 201603111690 Date: 08/02/2016 12:21 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG -2 PM 12:17

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
79819	JAD, Inc.

3. Principal Office Address	City	State	Zip
400 Old Colony Rd.	Norton	MA	02766

4. Business Phone Number	5. State of Incorporation
508-222-1900	MA

6. Brief description of the character of business conducted in Rhode Island
Sign making and installing

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jim Quinn	David Quinn
Street Address: 400 Old Colony Rd.	Street Address: 400 Old Colony Rd.
City: Norton, State: MA, Zip: 02766	City: Norton, State: MA, Zip: 02766
Secretary Name	**Treasurer Name**
David Quinn	Jim Quinn
Street Address: 5 Edna Circle	Street Address: 400 Old Colony Rd.
City: E. Freetown, State: MA, Zip: 02717	City: Norton, State: MA, Zip: 02766

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Jim Quinn	David Quinn
Street Address: 400 Old Colony Rd.	Street Address: 5 Edna Circle
City: Norton, State: MA, Zip: 02766	City: E. Freetown, State: MA, Zip: 02717

9. Shares Authorized	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	2000		0

11. 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.

Name of Authorized Representative	Date
Jim Quinn	7/6/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

12:21 FILED
AUG 02 2016
BY 280470

140466-2-1106685
Form No. 630
Revised: 2016