



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.

2016 AUG -2 PM 12:17

Profit Corporation Annual Report for the year: 2013

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 <u>791819</u>		2. Exact name of the Corporation <u>JAD, Inc.</u>	
3. Principal Office Address <u>400 Old Colony Rd.</u>		City <u>Norton</u>	State <u>MA</u>
		Zip <u>02766</u>	
4. Business Phone Number <u>508-222-1900</u>		5. State of Incorporation <u>MA</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Sign making and installing</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Jim Quinn</u>		Vice-President Name <u>David Quinn</u>	
Street Address <u>400 Old Colony Rd.</u>		Street Address <u>400 Old Colony Rd.</u>	
City <u>Norton</u>	State <u>MA</u>	City <u>Norton</u>	State <u>MA</u>
Zip <u>02766</u>		Zip <u>02766</u>	
Secretary Name <u>David Quinn</u>		Treasurer Name <u>Jim Quinn</u>	
Street Address <u>5 Edna Circle</u>		Street Address <u>400 Old Colony Rd.</u>	
City <u>E. Free-town</u>	State <u>MA</u>	City <u>Norton</u>	State <u>MA</u>
Zip <u>02717</u>		Zip <u>02766</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>Jim Quinn</u>		Director Name <u>David Quinn</u>	
Street Address <u>400 Old Colony Rd.</u>		Street Address <u>5 Edna Circle</u>	
City <u>Norton</u>	State <u>MA</u>	City <u>E. Free-town</u>	State <u>MA</u>
Zip <u>02766</u>		Zip <u>02717</u>	
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>2000</u>	
		PAR VALUE	<u>0</u>
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 <u>Jim Quinn</u>		Date <u>7/6/16</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

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FILED
AUG 02 2016
BY 90 280470