

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1,2- subject to a penalty fee of \$25.00.	-1501(e), each corporation	failing or refusing to file its an	nual report within thirty (30) days a	fier the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 161674	2. Name of Corporation J&C Associates, Inc.				
3. Street Address Principal Business Office 8 Henry Clay Court			City West Greenwich	State RI	^{Zip} 02817
4. Business Phone No. 5. State of Incorporation Rhode Island				•	
6. Brief Description of the Character Business Consultant to the	of Business Conducted in Pharmaceutical Ind	Rhode Island UStry			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Catherine DeOrsey			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Joseph DeOrsey		
Street Address 8 Henry Clay Court			Street Address 8 Henry Clay Court		
City West Greenwich	State RI	^{Zip} 02817	City West Greenwich	State RI	^{Ztp} 02817
Secretary Name Catherine DeOrsey			Treasurer Name Joseph DeOrsey		
Street Address 8 Henry Clay Court			8 Henry Clay Court		
West Greenwich	State RI	^{Zip} 02817	City West Greenwich	State RI	<i>Ζι</i> ρ 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name Catherine DeOrsey			TACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Joseph DeOrsey		
8 Henry Clay Court			Street Address 8 Henry Clay Court		
City West Greenwich	State RI	^{Zip} 02817	City West Greenwich	State RI	^{2ip} 02817
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	7.ip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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/Sertes	Par Value
			1000	STK	\$1.00
This report must be executed of this report must be executed of	on behalf of the corp n behalf of the corpo	oration by an authorize oration by the receiver of	d representative. If the corpor trustee.	oration is in the hands o	f a receiver or trustee,
El Du		FILEU &		nying schedules and states	t I have examined this report, ments, and that all statements
File DateCheck No.		17p3_	Signature Signature	<u> Degraeg</u>	Date
	ąγ		Catherine DeO	rsey	

Print or Type Name President

Title