



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1336239		2. Exact name of the Corporation Triple J Drywall and Carpentry, Inc.												
3. Principal Office Address 1 Felix Mirando Way			City Providence	State RI	Zip 02904									
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Interior and Exterior Construction Servicing. Construction Management													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Luis Mendez-Barajas			Vice-President Name James L. Carr, III											
Street Address 1 Felix Mirando Way			Street Address 1 Felix Mirando Way											
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904									
Secretary Name Mary Anne Wood			Treasurer Name Mary Anne Wood											
Street Address 8 Timber Ledge Drive			Street Address 8 Timber Ledge Drive											
City Holliston	State MA	Zip 01746	City Holliston	State MA	Zip 01746									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Luis Mendez-Barajas			Director Name James L. Carr, III											
Street Address 1 Felix Mirando Way			Street Address 1 Felix Mirando Way											
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904									
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No Par												
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 Luis Mendez-Barajas				Date 2/13/17										
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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