



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 72013 | | 2. Exact name of the Corporation J.D.M. Supply Co. | | | |
| 3. Principal Office Address 846 Bronco Highway | | | City Mapleville | State RI | Zip 02839 |
| 4. NAICS Code 81 - Other Services (except Pul | | 6. Brief description of the character of business conducted in Rhode Island Operating a supply company for industrial products. | | | |
| 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 James Gouin | | | Vice-President Name James Gouin | | |
| Street Address 450 Whipple Avenue | | | Street Address 450 Whipple Avenue | | |
| City Oakland | State RI | Zip 02858 | City Oakland | State RI | Zip 02858 |
| Secretary Name James Gouin | | | Treasurer Name Michael J. Gouin | | |
| Street Address 450 Whipple Avenue | | | Street Address 88 Joe Sarle Road | | |
| City Oakland | State RI | Zip 02858 | City Glocester | State RI | Zip 02814 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name James Gouin | | | Director Name | | |
| Street Address 450 Whipple Avenue | | | Street Address | | |
| City Oakland | State RI | Zip 02858 | City | State | Zip |
| 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"/> | | |
| | | | NUMBER OF SHARES 200 | CLASS/SERIES Common Stock | PAR VALUE No Par Value |
| 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 JAMES GOUIN | | | | Date 3/18/17 | |
| Signature of Authorized Representative <i>James Gouin</i> | | | | SIGN DOCUMENT HERE FILED | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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