

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					<u></u>		
1. Entity ID Number 72013		Exact name of the Corporation J.D.M. Supply Co.					
Principal Office Address 846 Bronco Highway			City Mapleville	······································	State RI	Zip 02839	
4. NAICS Code 81 - Other Services (except 5. State of Incorporation Rhode Island		cription of the chara		conducted in Rhode Is products.	sland		
7. List ALL officers (names and	d addresses)			Check	the box to ind	icate an attachment	
President Name James Gouin			Vice-President Name James Gouin				
Street Address 450 Whipple Av	Street Address 450 Whipple Avenue						
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 an	d addresses)		·	Check t	the box to indi	cate an attachment	
Director Name James Gouin			Director Name	2			
Street Address 450 Whipple Av	enue		Street Address	S			
City Oakland	State RI	^{Zip} 02858	City		State	Zip	
Director Name			Director Name				
Street Address		 	Street Address	<u> </u>			
City	State	Zip	City		State	Zip	
Shares Authorized In the information is currently of recognitions	hares Authorized information is currently of record in the		SUED F SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
epartment of State.		200	- 0134KE0	Common Stock	< N	PAR VALUE No Par Value	
Changes require an additional fil	ng.						
 This report must be execute rustee, this report must be execute 	cuted on behalf of	the corporation by	the receiver or tri	ustee			
Inder penalty of perjury, I de statements, and that all states	clare and affirm	that I have examin	ed this report, ir	ncluding any accomp	panying sche	dules and	
lame of Authorized Representa	ntive	nerein are true an	a correct.	<u>.</u>	Date		
JAMES					-,==	8/17	
Signature of Authorized Represe	entative	SIGN DOC	:UMENT H	II FN	<u> </u>		
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY_299

FORM 630 - Revised: 10/2016