



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 000961436 | | 2. Exact name of the Corporation J & K DISTRIBUTION, INC | | | | | | | | | | | | |
|--|---|--|---|---------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 6 BRIDEN STREET | | City NO SMITHFIELD | | State RI | Zip 02896 | | | | | | | | | |
| 4. NAICS Code 44-45 - Retail Trade | 6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION OF BAKERY PRODUCTS | | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name KEITH D MAURICE | | | Vice-President Name JAMIE A MAURICE | | | | | | | | | | | |
| Street Address 6 BRIDEN ST | | | Street Address 6 BRIDEN ST | | | | | | | | | | | |
| City NO SMITHFIELD | State RI | Zip 02896 | City NO SMITHFIELD | State RI | Zip 02896 | | | | | | | | | |
| Secretary Name KEITH D MAURICE | | | Treasurer Name KEITH D MAURICE | | | | | | | | | | | |
| Street Address 6 BRIDEN ST | | | Street Address 6 BRIDEN ST | | | | | | | | | | | |
| City NO SMITHFIELD | State RI | Zip 02896 | City NO SMITHFIELD | State RI | Zip 02896 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name KEITH D MAURICE | | | Director Name | | | | | | | | | | | |
| Street Address 6 BRIDEN ST | | | Street Address | | | | | | | | | | | |
| City NO SMITHFIELD | State RI | Zip 02896 | 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"/> | | | | | | | | | | | |
| | | | <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 | | | |
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| 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 KEITH D MAURICE, SECRETARY | | | | Date 3/17 | | | | | | | | | | |
| Signature of Authorized Representative <i>Keith D Maurice</i> | | | | | | | | | | | | | | |

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
MAR 28 2017
 By *5194*
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