STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
529843	J&S Building Exteriors, Inc.		
3. Principal office address: P.O. Box 115		City: Attleboro	State: MA / Zip: 02703
4. Business Phone No.: 508-761-3552		MA	
6. Brief description of the character of business conducted in Rhode Island: Roofing/Construction Business			

2017 MAR 28 AM 8:10 R.I. SECRETARY OF STATE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Steven Harvey	Vice-President Name: Joseph Smith
Street Address: 89 Linden Street	Street Address: 123 Pine Street
City: Attleboro / State: MA / Zip: 02703	City: Seekonk / State: MA / Zip: 02771
Secretary Name: Joseph Smith	Treasurer Name: Steven Harvey
Street Address: 123 Pine Street	Street Address: 89 Linden Street
City: Seekonk / State: MA / Zip: 02771	City: Attleboro / State: MA / Zip: 02771

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Steven Harvey	Director Name: Joseph Smith
Street Address: 89 Linden Street	Street Address: 123 Pine Street
City: Attleboro / State: MA / Zip: 02703	City: Seekonk / State: MA / Zip: 02771
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20,000	Common	No Par Value

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.

Steven Harvey — 3/27/17
Signature of Authorized Representative — Date

Steven Harvey, President
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

FILED
MAR 28 2017
BY 2993393
AA.

Form No. 630
Revised: 01/2012