State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BUS SVCS DIV
2017 AUG 16 AM 11 45

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	2. Exact name of the Corporation
1666735	JARMAK CORPORATION

3. Principal Office Address	City	State	Zip
12 PEMBROKE ST.	Chelsea	MA	02150

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23	Reclaimed Lumber Company
5. State of Incorporation: MASS	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ARNOLD JARMAK					
Street Address: 12 Pembroke St			Street Address		
City: Chelsea	State: MA	Zip: 02150	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
ARNOLD JARMAK					
Street Address: 12 Pembroke St			Street Address		
City: Chelsea	State: MA	Zip: 02150	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		0

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	Date
[signature]	8/16/17

Signature of Authorized Representative: ARNOLD JARMAK

FILED
AUG 16 2017
SIGN DOCUMENT HERE
BY

FILED
BY 310271

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

FORM 630 - Revised: 02/2017