RI SOS Filing Number: 201855759370 Date: 1/5/2018 4:00:00 PM

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

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 05 2018
BY 1878

1. Entity ID Number	2. Exact name of the Corporation
161674	J&C Associates, Inc.

3. Principal Office Address	City	State	Zip
8 Henry Clay Court	West Greenwich	RI	02817

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541380	Business Consultant to the Pharmaceutical Industry
5. State of Incorporation	
Rhode Island	

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

President Name: Catherine DeOrsey	Vice-President Name: Joseph DeOrsey
Street Address: 8 Henry Clay Court	Street Address: 8 Henry Clay Court
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817
Secretary Name: Catherine DeOrsey	Treasurer Name: Joseph DeOrsey
Street Address: 8 Henry Clay Court	Street Address: 8 Henry Clay Court
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817

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

Director Name: Catherine DeOrsey	Director Name: Joseph DeOrsey
Street Address: 8 Henry Clay Court	Street Address: 8 Henry Clay Court
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817
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	STK	$1.00

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: Catherine DeOrsey
Date: 12-26-17

Signature of Authorized Representative: Catherine DeOrsey

SIGN DOCUMENT HERE

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