RI SOS Filing Number: 201855943030 Date: 1/10/2018 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.

1. Entity ID Number	2. Exact name of the Corporation
000080285	JLD, Inc.

3. Principal Office Address	City	State	Zip
30 TEAKWOOD COURT	EAST GREENWICH	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 REAL EAL ESTATE AND RE	RENTAL PROPERTY
5. State of Incorporation: RI	531390

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

President Name	Vice-President Name
JOHN R. FOLLONI	MARIE G. FOLLONI
Street Address: 30 TEAKWOOD COURT	Street Address: 30 TEAKWOOD COURT
City: EAST GREENWICH, State: RI, Zip: 02818	City: EAST GREENWICH, State: , Zip: 02818
Secretary Name	**Treasurer Name**
MARIE G. FOLLONI	JOHN R. FOLLONI
Street Address: 30 TEAKWOOD CT.	Street Address: 30 TEAKWOOD CT
City: EAST GREENWICH, State: RI, Zip: 02818	City: EAST GREENWICH, State: RI, Zip: 02818

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

Director Name	Director Name
JOHN A. FOLLONI	LYNN GRANDPRE
Street Address: 489 VICTORY HWY	Street Address: 11 BARROWS DRIVE
City: WEST GREENWICH, State: , Zip: 02818	City: EAST GREENWICH, State: RI, Zip: 02818
Director Name: DAVID J. FOLLONI	Director Name:
Street Address: 12 FAIRWOOD ST.	Street Address:
City: MILFORD, State: CT, Zip: 06460	City: , State: , Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	STK	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
JOHN R. FOLLONI	6 JANUARY 2018

Signature of Authorized Representative: John R. Folloni — SIGN DOCUMENT HERE

FILED
JAN 10 2018
1063 05

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: 10/2017