

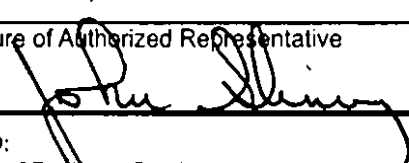



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 000125240		2. Exact name of the Corporation J & M TRANSFER, INC.			
3. Principal Office Address 315 NOOSENECK HILL ROAD		City EXETER		State RI	Zip 02822
4. NAICS Code 562991		6. Brief description of the character of business conducted in Rhode Island TRUCK TRANSPORT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN SLINEY			Vice-President Name MICHAEL SLINEY		
Street Address 315 NOOSENECK HILL ROAD			Street Address 315 NOOSENECK HILL ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name JOHN SLINEY			Treasurer Name MICHAEL SLINEY		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN SLINEY			Director Name MICHAEL SLINEY		
Street Address 315 NOOSENECK HILL ROAD			Street Address 315 NOOSENECK HILL ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	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 JOHN SLINEY, PRESIDENT					Date 1-12-18
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED 

JAN 22 2018

BY **20184**