



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

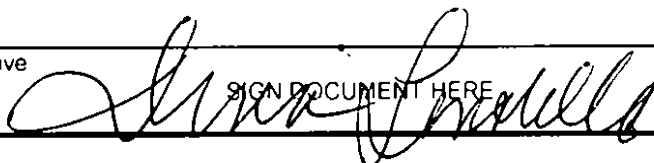
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 09 2018

BY 14507

1. Entity ID Number 747895		2. Exact name of the Corporation J & E Mechanical, Inc.			
3. Principal Office Address 19 LaFazia Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 811219		6. Brief description of the character of business conducted in Rhode Island Duct work contracting.			
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 Dina Tomolillo			Vice-President Name		
Street Address 19 LaFazia Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Eric Tomolillo			Treasurer Name Dina Tomolillo		
Street Address 19 LaFazia Drive			Street Address 19 LaFazia Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		0	Common	No Par Value	
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 Dina Tomolillo				Date 1-22-18	
Signature of Authorized Representative 				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

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CORPORATIONS DIV
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FORM 630 - Revised: 10/2017