



State of Rhode Island and Providence Plantations

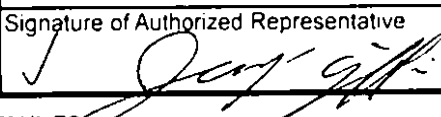
Department of State - Business Services Division

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 42048		2. Exact name of the Corporation J.P.G. CONSTRUCTION, INC.			
3. Principal Office Address 220 GREENSLITT AVENUE		City PAWTUCKET		State RI	Zip 02861
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION WORK			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JAMES P. GRIFFIN			Vice-President Name SAME		
Street Address 220 GREENSLITT AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 JAMES GRIFFIN			Director Name		
Street Address 220 GREENSLITT VENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 100	CLASS/SERIES COMMON	PAR VALUE NPV
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 JAMES GRIFFIN					Date 01/27/2018
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov**FILED****FEB 13 2018****1560**

RV

FORM 630 - Revised 10/2017