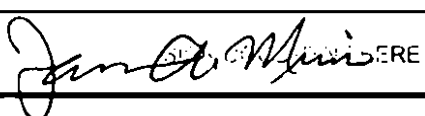




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 39038		2. Exact name of the Corporation J.A.M. Masonry, Inc.			
3. Principal Office Address 6 Lori Ellen Drive			City Smithfield	State RI	Zip 02917
4. NAICS Code 23-Construction		6. Brief description of the character of business conducted in Rhode Island Masonry Contracting			
5. State of Incorporation RI		238990			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James A. Munio			Vice-President Name Carol Munio		
Street Address 6 Lori Ellen Drive			Street Address 6 Lori Ellen Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Carol Munio			Treasurer Name Carol Munio		
Street Address 6 Lori Ellen Drive			Street Address 6 Lori Ellen Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name James A. Munio			Director Name Carol Munio		
Street Address 6 Lori Ellen Drive			Street Address 6 Lori Ellen Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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 600	CLASS/SERIES Common	PAR VALUE 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 James A. Munio, President				Date 1/11/18	
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 14 2018

FORM 630 - Revised: 10/2017

BY 3003 DS