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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No. 162586		ILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exect name of the Corporation JDAM CORPORATION				
	JODANI GO					
3. Principal office address 380 WARWICK AVENUE			City WARWICK	State RI	Zip 02886	
4. Business Phone No.			5. State of Incorporation RHODE ISLAND			
6. Brief description of the ch		ducted in Rhode Island	d			
SALE OF ALCOHOL	IC BEVERAGES	445310				
7. LIST <u>ALL</u> OFFICERS (N	IAMES AND ADDRESS	ES) ("X" BOX FOR A				
President Name JOHN T. HOGAN			Vice-President Name			
Street Address 165 UNDERWOOD STREET			Street Address			
City HOLLISTON	State MA	Zip 01746	City	State	Zip	
Secretary Name JOHN T. HOGAN			Treasurer Name DIANE M. HOGAN			
Street Address 165 UNDERWOOD STREET			Street Address 165 UNDERWOOD STREET			
City HOLLISTON	State MA	Zip 01746	City State MA		Zip 07146	
B. LIST ALL DIRECTORS	(NAMES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)			
Director Name JOHN T. HOGAN			Director Name DIANE M. HOGAN			
Street Address 165 UNDERWOOD STREET			Street Address 165 UNDERWOOD STREET			
City HOLLISTON	State MA	Zip 01746	City HOLLISTON	State MA	Zip 01746	
Director Name	•	•	Director Name		• • •	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		473,000	COMMON	1,000 per share		
This report must be execut		•		•	ls of a receiver or trustee,	
File Date			Under penalty of paths report including	erjury, I declare and affi ig any accompanying s	rm that I have examined chedules and statement	
Check No		FILED	and that all statem	ents contained herein a	re true and correct.	
Ву:			Signature of Author	ized Representative	Delte	
FOR SECRETARY OF STATE USE ONLY MAR 09 2018			John T. Hogan, President			
orm No. 630	BY	ul h	Print or Type Name	of Authorized Represent	ative	