



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2018 AUG 31 AM 11:32

1. Entity ID Number <b>968830</b>		2. Exact name of the Corporation <b>J+B Medical Supply Co Inc.</b>			
3. Principal Office Address <b>50496 W Pontiac Trail</b>		City <b>Wixom</b>		State <b>MI</b>	Zip <b>48393</b>
4. NAICS Code <b>621910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Delivery of medical products From MI to RI by FedEx</b>			
5. State of Incorporation <b>MI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mary Shaya</b>			Vice-President Name		
Street Address <b>50496 W Pontiac Trail</b>			Street Address		
City <b>Wixom</b>	State <b>MI</b>	Zip <b>48393</b>	City	State	Zip
Secretary Name <b>Fawzi Shaya</b>			Treasurer Name		
Street Address <b>50496 W Pontiac Trail</b>			Street Address		
City <b>Wixom</b>	State <b>MI</b>	Zip <b>48393</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Fawzi Shaya</b>			Director Name		
Street Address <b>50496 W Pontiac Tr</b>			Street Address		
City <b>Wixom</b>	State <b>MI</b>	Zip <b>48393</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
			<b>1000</b>	<b>Common</b>	<b>1.00</b>
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 <b>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.</b>					
Name of Authorized Representative					Date <b>8.28-2018</b>
Signature of Authorized Representative <i>Mary E. Shaya</i>					<b>FILED</b> SIGN DOCUMENT HERE <b>AUG 31 2018</b>

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

BY **CHSPC**  
**A.A. 11:36 A.M.** FORM 630 - Revised: 10/2017