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CORPORATIONS DIV
2018 AUG 31 AM 11:32



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

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 <u>968830</u>		2. Exact name of the Corporation <u>J+B Medical Supply^{CO} Inc.</u>	
3. Principal Office Address <u>50496 W Pontiac Tr</u>		City <u>Wixom</u>	State <u>MI</u>
		Zip <u>48393</u>	
4. Business Phone Number <u>248-896-6201</u>		5. State of Incorporation <u>Michigan</u>	
		<u>621910</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Delivery of medical products from MI to RI by Fed ex</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Mary Shaya</u>		Vice-President Name	
Street Address <u>50496 W Pontiac Tr</u>		Street Address	
City <u>Wixom</u>	State <u>MI</u>	City	State
Zip <u>48393</u>		Zip	
Secretary Name <u>Fawzi Shaya</u>		Treasurer Name	
Street Address <u>50496 W Pontiac Tr</u>		Street Address	
City <u>Wixom</u>	State <u>MI</u>	City	State
Zip <u>48393</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Fawzi Shaya</u>		Director Name	
Street Address <u>50496 W Pontiac Tr</u>		Street Address	
City <u>Wixom</u>	State <u>MI</u>	City	State
Zip <u>48393</u>		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>1000</u>	
		<u>Common</u>	
		<u>1.00</u>	
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. <u>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.</u>			
Name of Authorized Representative <u>[Signature]</u>		Date <u>2/13/17</u>	
Signature of Authorized Representative			
SIGN DOCUMENT HERE			

FILED

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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BY CHSPC

A.A. 11:34 A.M.

FORM 630 - Revised: 05/2016