RI SOS Filing Number: 201876622820 Date: 9/4/2018 12:09:00 PM

State of Rhode Island and					<del></del>		
Department of Sta Annual Report for the year Corporation			Division —	· .		SECRETA CORPOR	
<ul> <li>→ Filing period: January 1 - N</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fe</li> </ul>		filed by April 1.				PECELVI FIARY C FORATION	
1. Entity ID Number	Exact name of the Corporation     JBC Contractors, Inc.					15 STA	
3. Principal Office Address 53 Allen Street	<u>.                                    </u>	· .	City Catskill	1		Zp    T    12414	
4. NAICS Code 236 // 6				of business conducted in Rhode Island leneral contracting and job fell through.			
5. State of Incorporation NY							
7. List ALL officers (names and addresses)  Check the box to income						an attachment	
President Name Donald June	Vice-President Name						
Street Address 53 Allen Street			Street Address	Street Address			
City Catskill	State NY	<sup>Zip</sup> 12414	City		State	Zip	
Secretary Name			Treasurer Name	Treasurer Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
B. List ALL directors (names and addresses)				Check th	e box to indicate	an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address	· M. I.			
City	State	Zip	City	City		ZIP-2012	
Director Name			Director Name	Director Name  Street Address			
Street Address			Street Address		90	JAI.	
City	State	Zip	City		State	Zip	
Shares Authorized     This information is currently of recon	d in the	10 Shares Iss		Check the CLASS/SERIES	e box to indicate	an attachment	
Department of State.  Changes require an additional filing.				CEASSISERIES		PAR VALUE	
		0					
11. This report must be executed or trustee, this report must be execute	d on behalf of the	e corporation by t	the receiver or trus	tee.			
Under penalty of perjury, I declar statements, and that all statemen	its contained he	t I have examine rein are true an	ed this report, inc. d correct.	luding any accomp	anying schedul	les and	
Name of Authorized Representative  Donald June				Date 2-13-18		<u></u>	
Signature of Authorized Representa	<del></del>	<u> </u>	<u> </u>	• -			
Donald sign document here							
MAIL TO: Division of Business Services			SEP 84	2018 V(x) (			

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY KL APOSE

FORM 630 - Revised: 10/2017