



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 72013		2. Name of Corporation J.D.M. Supply Co.			
3. Street Address Principal Business Office 846 Broncos Highway			City Mapleville	State RI	Zip 02839
4. Business Phone No. 401-568-9155		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATING A SUPPLY COMPANY FOR INDUSTRIAL PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Gouin			Vice President Name James Gouin		
Street Address 450 Whipple Avenue			Street Address 450 Whipple Avenue		
City Oakland	State RI	Zip 02858	City Oakland	State RI	Zip 02858
Secretary Name James Gouin			Treasurer Name Michael J. Gouin		
Street Address 450 Whipple Avenue			Street Address 88 Joe Sarle Road		
City Oakland	State RI	Zip 02858	City Chepachet	State RI	Zip 02814
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James Gouin			Director Name N/A		
Street Address 450 Whipple Avenue			Street Address		
City Oakland	State RI	Zip 02858	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
1,000 NO PAR VALUE				Number of Shares	Class/Series
				1,000	Common Stock
					No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-11-05  
Check No. 12697  
By: LB  
FOR SECRETARY OF STATE USE ONLY

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.

James Gouin 2/11/05  
Signature of Officer Date  
JAMES GOUIN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>72013</b>		2. Name of Corporation <b>J.D.M. Supply Co.</b>			
3. Street Address Principal Business Office <b>846 Broncos Highway</b>			City <b>Mapleville</b>	State <b>RI</b>	Zip <b>02839</b>
4. Business Phone No. <b>401-568-9155</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2618</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>OPERATING A SUPPLY COMPANY FOR INDUSTRIAL PRODUCTS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>James Gouin</b>			Vice President Name <b>James Gouin</b>		
Street Address <b>450 Whipple Avenue</b>			Street Address <b>450 Whipple Avenue</b>		
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>
Secretary Name <b>James Gouin</b>			Treasurer Name <b>Michael J. Gouin</b>		
Street Address <b>450 Whipple Avenue</b>			Street Address <b>88 Joe Sarle Road</b>		
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>James Gouin</b>			Director Name <b>N/A</b>		
Street Address <b>450 Whipple Avenue</b>			Street Address		
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>1,000</b>	<b>Common Stock</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 0 1 3 \*

File Date 2/17/04  
Check No. 11741  
By: UG

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer James H. Gouin Date 2/13/04  
**James Gouin**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **72013** 2. Name of Corporation **J.D.M. Supply Co.**  
3. Street Address Principal Business Office **846 Broncos Highway** City **Mapleville** State **RI** Zip **02839**  
4. Business Phone No. **401-568-9155** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
To engage in the business of operating a supply company for industrial products

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James Gouin</b>	Vice President Name <b>James Gouin</b>
Street Address <b>450 Whipple Avenue</b>	Street Address <b>450 Whipple Avenue</b>
City <b>Oakland</b> State <b>RI</b> Zip <b>02858</b>	City <b>Oakland</b> State <b>RI</b> Zip <b>02858</b>
Secretary Name <b>James Gouin</b>	Treasurer Name <b>James Gouin</b>
Street Address <b>450 Whipple Avenue</b>	Street Address <b>450 Whipple Avenue</b>
City <b>Oakland</b> State <b>RI</b> Zip <b>02858</b>	City <b>Oakland</b> State <b>RI</b> Zip <b>02858</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>James Gouin</b>	Director Name <b>N/A</b>
Street Address <b>450 Whipple Avenue</b>	Street Address
City <b>Oakland</b> State <b>RI</b> Zip <b>02858</b>	City State Zip
Director Name <b>N/A</b>	Director Name <b>N/A</b>
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common Stock</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 0 1 3 \*

File Date: 2/12/03  
Check No.: 10834  
By: [Signature]

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.

James H. Gouin 2/4/03  
Signature of Officer Date

**James Gouin**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72013** 2. Name of Corporation **J.D.M. Supply Co.**  
3. Street Address Principal Business Office **846 Broncos Highway** City **Mapleville** State **RI** Zip **02839**  
4. Business Phone No. **401-568-9155** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To engage in the business of operating a supply company for industrial products**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James Gouin</b>			Vice President Name <b>James Gouin</b>		
Street Address <b>450 Whipple Avenue</b>			Street Address <b>450 Whipple Avenue</b>		
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>
Secretary Name <b>James Gouin</b>			Treasurer Name <b>James Gouin</b>		
Street Address <b>450 Whipple Avenue</b>			Street Address <b>450 Whipple Avenue</b>		
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>James Gouin</b>			Director Name <b>N/A</b>		
Street Address <b>450 Whipple Avenue</b>			Street Address		
City <b>Oakland</b>	State <b>RI</b>	Zip <b>02858</b>	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**1,000      Common Stock      No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 0 1 3 \*

File Date: 2-11-02  
Check No.: 999B  
By: JG

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.  
Signature of Officer: James Gouin Date: 2/7/02  
Print or Type Name of Officer: James Gouin  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72013** 2. Name of Corporation **J.D.M. Supply Co.**  
3. Street Address Principal Business Office **846 Broncos Highway** City **Mapleville** State **RI** Zip **02839**  
4. Business Phone No. **401-568-9155** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**To engage in the business of operating a supply company for industrial products.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b>			<b>Vice President Name</b>		
James Gouin			Michael J. Gouin		
<b>Street Address</b>			<b>Street Address</b>		
450 Whipple Avenue			88 Lake Washington Drive		
City	State	Zip	City	State	Zip
Oakland	RI	02858	Chepachet	RI	02814
<b>Secretary Name</b>			<b>Treasurer Name</b>		
James Gouin			James Gouin		
<b>Street Address</b>			<b>Street Address</b>		
450 Whipple Avenue			450 Whipple Avenue		
City	State	Zip	City	State	Zip
Oakland	RI	02858	Oakland	RI	02858

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b>			<b>Director Name</b>		
James Gouin			N/A		
<b>Street Address</b>			<b>Street Address</b>		
450 Whipple Avenue					
City	State	Zip	City	State	Zip
Oakland	RI	02858			
<b>Director Name</b>			<b>Director Name</b>		
N/A			N/A		
<b>Street Address</b>			<b>Street Address</b>		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

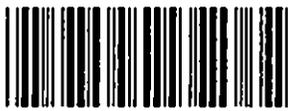
Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
1,000	Common Stock	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 0 1 3 \*

File Date: 3/1  
Check No.: 9153  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

James H. Gouin 2/23/01  
Signature of Officer Date  
**James Gouin**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72013**  
2. Name of Corporation **J.D.M. Supply Co.**  
3. Street Address Principal Business Office  
**846 Broncos Highway**  
4. Business Phone No. **(401) 568-9155**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Mapleville** State **RI** Zip **02839**  
6. SIC Code **2618**

To engage in the business of operating a supply company for industrial products.

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **James Gouin**  
Street Address **450 Whipple Avenue**  
City **Oakland** State **RI** Zip **02858**

Vice President Name **Michael J. Gouin**  
Street Address **88 Lake Washington Drive**  
City **Chepachet** State **RI** Zip **02814**

Secretary Name **Ames Goin**  
Street Address **450 Whipple Avenue**  
City **Oakland** State **RI** Zip **02858**

Treasurer Name **James Gouin**  
Street Address **450 Whipple Avenue**  
City **Oakland** State **RI** Zip **02858**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **James Gouin**  
Street Address **(same as above)**  
City **Oakland** State **RI** Zip **02858**

Director Name **N/A**  
Street Address   
City  State  Zip

Director Name   
Street Address   
City  State  Zip

Director Name   
Street Address   
City  State  Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common Stock No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**PAID**

**FEB 10 2000**

\* 7 2 0 1 3 \* SEC'Y OF STATE

File Date: **PAID**

Check No.: **FEB 10 2000**

By: **SEC'Y OF STATE**

FOR SECRETARY OF STATE USE ONLY

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.

**James Gouin** 2/7/00  
Signature of Officer Date

**James Gouin**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72013 2. Name of Corporation J.D.M. Supply Co.  
3. Street Address Principal Business Office 846 Broncos Highway City Mapleville State RI Zip 02839  
4. Business Phone No. (401) 568-9155 5. State of Incorporation RHODE ISLAND 6. SIC Code 2618  
7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the business of operating a supply company for industrial products.

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <u>James Gouin</u> Street Address <u>450 Whipple Avenue</u> City <u>Oakland</u> State <u>RI</u> Zip <u>02858</u> Secretary Name <u>Ames Gouin</u> Street Address <u>(same as above)</u> City _____ State _____ Zip _____	Vice President Name <u>Michael J. Gouin</u> Street Address <u>88 Lake Washington Drive</u> City <u>West Glocester</u> State <u>RI</u> Zip <u>02814</u> Treasurer Name <u>James Gouin</u> Street Address <u>450 Whipple Avenue</u> City <u>Oakland</u> State <u>RI</u> Zip <u>02858</u>
--	---

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <u>James Gouin</u> Street Address <u>450 Whipple Avenue</u> City <u>Oakland</u> State <u>RI</u> Zip <u>02858</u>	Director Name <u>n/a</u> Street Address <u>n/a</u> City _____ State _____ Zip _____
Director Name <u>n/a</u> Street Address <u>n/a</u> City _____ State _____ Zip _____	Director Name <u>n/a</u> Street Address <u>n/a</u> City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000</u>	<u>NO PAR VALUE</u>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000</u>	<u>Common Stock</u>	<u>NO Par Value</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 1-7-99  
Check No.: 40746  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

James H. Gouin 1-1-99  
Signature of Officer Date  
JAMES H. GOUIN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72013 2. Name of Corporation J.D.M. Supply Co.  
3. Street Address Principal Business Office 846 Broncos Highway City Mapleville State RI Zip 02839  
4. Business Phone No. (401) 568-9155 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
to engage in the business of operating a supply company for industrial products.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Vice President Name
<u>James Gouin</u>	<u>n/a</u>
Street Address	Street Address
<u>1565 Springlake Road</u>	
City State Zip	City State Zip
<u>Harrisville, RI 02830</u>	
Secretary Name	Treasurer Name
<u>Ames Gouin</u>	<u>James Gouin</u>
Street Address	Street Address
<u>(same as above)</u>	<u>(same as above)</u>
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
<u>James Gouin</u>	<u>n/a</u>
Street Address	Street Address
<u>(same as above)</u>	
City State Zip	City State Zip
<u>Harrisville, RI 02830</u>	
Director Name	Director Name
<u>n/a</u>	<u>n/a</u>
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>1,000 SHS NO PAR VALUE</u>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<u>1000</u>	<u>Common Stock</u>	<u>NO Par Value</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 6/12/98  
Check No.: 38873  
By: GAA  
FOR SECRETARY OF STATE USE ONLY

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.  
James H. Gouin 6/10/98  
Signature of Officer Date  
JAMES H. Gouin  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72013**  
2. Name of Corporation **J.D.M. Supply Company**  
3. Street Address Principal Business Office  
**846 Broncos Highway**  
4. Business Phone No. **401-568-9155**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Mapleville** State **RI** Zip **02839**  
6. SIC Code

To engage in the business of operating a supply company for industrial products.

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name **James Gouin**  
Street Address  
**1565 Springlake Road**  
City **Harrisville** State **RI** Zip **02830**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name **James Gouin**  
Street Address  
**1565 Springlake Road**  
City **Harrisville** State **RI** Zip **02830**

Secretary Name **James Gouin**  
Street Address  
**1565 Springlake Road**  
City **Harrisville** State **RI** Zip **02830**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name **James Gouin**  
Street Address  
**James Gouin, 1565 Springlake Road**  
City **Harrisville** State **RI** Zip **02830**

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	SHS	NO PAR VALUE			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 12/30/97  
Check No.: 167839  
By: [Signature]

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.

James H. Gouin 12/23/97  
Signature of Officer Date  
**JAMES H. GOUIN**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72013		2. NAME OF CORPORATION J.D.M. Supply Co.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 846 Broncos Highway		CITY Mapleville	STATE RI
4. BUSINESS PHONE NO. 401-568-9155		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02839

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
To engage in the business of operating a supply company for industrial products.

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME James Gouin	VICE PRESIDENT NAME	
STREET ADDRESS 1565 Springlake Road	STREET ADDRESS	
CITY Harrisville, RI	STATE RI	ZIP CODE 02830
SECRETARY NAME James Gouin	TREASURER NAME James Gouin	
STREET ADDRESS 1565 Springlake Road	STREET ADDRESS 1565 Springlake Road	
CITY Harrisville, RI	STATE RI	ZIP CODE 02830

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME James Gouin	DIRECTOR NAME	
STREET ADDRESS 1565 Springlake Road	STREET ADDRESS	
CITY Harrisville, RI	STATE RI	ZIP CODE 02830
DIRECTOR NAME	DIRECTOR NAME	
STREET ADDRESS	STREET ADDRESS	
CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE				

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

12/30/97

Check No:

167839

By:

*[Signature]*

For Secretary of State Use Only

Signature of Officer

*[Signature of James H. Gouin]*

JAMES H. GOUIN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

12/2/96  
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0072013

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: J.D.M. Supply Co.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
846 Broncos Highway  
Mapleville, RI 02839  
 Phone: ( 401 ) 568-9155

Brief statement of the character of business conducted in Rhode Island:  
to engage in the business of operating a  
supply company for industrial products.

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT James Gouin	1565 Springlake Road	Harrisville, RI	02830
VICE PRESIDENT			
SECRETARY James Gouin	1565 Springlake Road	Harrisville, RI	02830
TREASURER James Gouin	1565 Springlake Road	Harrisville, RI	02830

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James Gouin	1565 Springlake Road	Harrisville, RI	02830
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	
1000	Common Stock	No Par Value	1000	Common Stock	No Par Value

Date February 28, 19 95

By: James Gouin  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

LOUIS F. ROBBIO  
 248 HOPE STREET  
 PROVIDENCE RI 02906

MAILED  
 JUN 14 1995  
 TP 32031  
 SECRETARY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

25768  
\$50 7/3

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP Jan. 1 - March 1

Corporate ID: 0072013 Annual Report for the year: 1994

Name of Business Entity: J.D.M. Supply Co.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

846 Broncos Highway

Mapleville, R.I. 02839

Phone: (401) 568 9155

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Louis F. Robbio, Esquire  
246 Hope Street

Providence, R.I. 02906

Brief statement of the character of business conducted in Rhode Island:

to engage in the business of operating a supply company for industrial products

Date of Organization: 4/7/93

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
James Gouis	1565 Springlake Road	Harrisville, R.I.	02830
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
James Gouin	1565 Springlake Road	Harrisville, R.I.	02830
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
James Gouin	1565 Springlake Road	Harrisville, R.I.	02830
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
James Gouin	1565 Springlake Road	Harrisville, R.I.	02830

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James Gouin	1565 Springlake Road	Harrisville, R.I.	02830
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 1000
CLASS common stock	CLASS common stock
SERIES	SERIES
PAR VALUE OR WITHOUT PAR no par value	PAR VALUE OR WITHOUT PAR no par value

Date March 15, 1994 By: J.D.M. Supply Co.

PRINT OR TYPE NAME OF OFFICER SIGNING: James Gouin

TITLE OF OFFICER SIGNING

Form 3' 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

LOUIS F. ROBBIO  
246 HOPE STREET  
PROVIDENCE RI 02906

APR 26 1994

By LC