



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. 2. Name of Corporation

21464 JMS INC.

3. Street Address Principal Business Office

228 Broadway

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 421-2050

5. State of Incorporation

RHODE ISLAND

6. SIC Code

851

7. Brief Description of the Character of Business Conducted in Rhode Island

Printing

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Jean E. Murphy

Dyan M. Saccoccio

Street Address

Street Address

8 Woodridge Court

8 Woodridge Court

City

Glocester

State

RI

Zip

02857

City

Glocester

State

RI

Zip

02857

Secretary Name

Treasurer Name

Dyan M. Saccoccio

Jean E. Murphy

Street Address

Street Address

8 Woodridge Court

8 Woodridge Court

City

Glocester

State

RI

Zip

02857

City

Glocester

State

RI

Zip

02857

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Jean E. Murphy

Dyan M. Saccoccio

Street Address

Street Address

8 Woodridge Court

8 Woodridge Court

City

Glocester

State

RI

Zip

02857

City

Glocester

State

RI

Zip

02857

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

11. SHARES 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 NO PAR VALUE

200

Common

No par

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



* 2 1 4 6 4 *

File Date: 3-17-03

Check No.: 8752

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.

[Signature] 3-02-03
Signature of Officer: Date

Jean E. Murphy
Print or Type Name of Officer

President
Title of Officer