



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 21464		2. Name of Corporation JMS INC.	
3. Street Address Principal Business Office 228 Broadway		City Providence	State RI
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Jean E. Murphy		Vice President Name Dyan M. Saccoccio	
Street Address 8 Woodridge Court		Street Address 8 Woodridge Court	
City Glocester	State RI	City Glocester	State RI
Secretary Name Dyan M. Saccoccio		Treasurer Name Jean E. Murphy	
Street Address 8 Woodridge Court		Street Address 8 Woodridge Court	
City Glocester	State RI	City Glocester	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Jean E. Murphy		Director Name Dyan M. Saccoccio	
Street Address 8 Woodridge Court		Street Address 8 Woodridge Court	
City Glocester	State RI	City Glocester	State RI
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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	Number of Shares	Class/Series
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 *

3-17-03

8852

File Date: _____

Check No.: _____

By: 2

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 Jean E. Murphy Date 3-02-03

Print or Type Name of Officer Jean E. Murphy

Title of Officer President