



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 27 2019

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Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 2400

1. Entity ID Number 000084475		2. Exact name of the Corporation J. Madison, Inc.			
3. Principal Office Address 18 Short Road		City Exeter	State RI	Zip 02822	
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Professional Engineering Design and Consulting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James M. Swindlehurst			Vice-President Name NA		
Street Address 18 Short Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name NA			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NA			Director Name NA		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
			1,000	STK	\$0.00
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. <i>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.</i>					
Name of Authorized Representative James M. Swindlehurst				Date 2/21/2019	
Signature of Authorized Representative <p style="text-align: center;">SIGN DOCUMENT HERE</p>					