



Department of State - Business Services Division

FILED

JAN 17 2020

BY 21154 DS

Annual Report for the year: 2020
Corporation

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

1. Entity ID Number <u>000059213</u>		2. Exact name of the Corporation <u>S.J. Dame, Inc. I</u>			
3. Principal Office Address <u>41 Rocky Hollow Road</u>			City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
4. NAICS Code <u>323111</u>		6. Brief description of the character of business conducted in Rhode Island <u>Printing Franchise</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joan Y Reuter</u>			Vice-President Name <u>Stanley R. Reuter</u>		
Street Address <u>90 Jefferson Drive</u>			Street Address <u>90 Jefferson Drive</u>		
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name <u>Stanley R. Reuter</u>			Treasurer Name <u>Joan Y. Reuter</u>		
Street Address <u>90 Jefferson Drive</u>			Street Address <u>90 Jefferson Drive</u>		
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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. <u>8,000 Comm \$1.00 PAR VALUE</u> Changes require an additional filing.			NUMBER OF SHARES <u>100</u>		CLASS/SERIES <u>COMMON</u>
					PAR VALUE <u>1.00</u>
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. 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.					
Name of Authorized Representative <u>Joan Y. Reuter</u>					Date <u>1/4/20</u>
Signature of Authorized Representative <u>Joan Y. Reuter</u>					SIGN DOCUMENT HERE