



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 27 2020

BY

1. Entity ID Number 33570		2. Exact name of the Corporation J.D. MERCANTILE	
3. Principal Office Address 21 W. MAIN ST.		City WICKFORD	State RI
		Zip 02852	
4. NAICS Code 453220	6. Brief description of the character of business conducted in Rhode Island RETAIL-TABLETOP, DINNERWARE, GLASSWARE KITCHEN EQUIP. ETC		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JOSEPH DUBE-		Vice-President Name DONNA H. DUBE-	
Street Address 84 CARPENTER LN		Street Address 84 CARPENTER LN	
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI
Zip 02874		Zip 02874	
Secretary Name JOSEPH DUBE-		Treasurer Name DONNA H. DUBE	
Street Address SAME		Street Address SAME	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name JOSEPH DUBE-		Director Name DONNA DUBE-	
Street Address SAME		Street Address SAME	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 1000	CLASS/SERIES CNP
			PAR VALUE
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 JOSEPH DUBE		Date 1/10/20	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	