



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

FILED

Annual Report for the year: - 2020
Corporation

JAN 27 2020

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

BY 503A

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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH DUBE-			Vice-President Name DONNA H. DUBE-		
Street Address 84 CARPENTER LN			Street Address 84 CARPENTER LN		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name JOSEPH DUBE-			Treasurer Name DONNA H. DUBE		
Street Address SAME			Street Address SAME		
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 JOSEPH DUBE-			Director Name DONNA DUBE-		
Street Address SAME			Street Address SAME		
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			
		1000		CNP	
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 JOSEPH DUBE				Date 1/10/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615