



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

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.

FILED

FEB 20 2020

BY

244
 [Signature]

1. Entity ID Number 000022798		2. Exact name of the Corporation JACKSON BOOKBINDING CO., INC			
3. Principal Office Address 6 MATHEWSON STREET			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island BOOK BINDER, FOIL STAMPER			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD A. JACKSON			Vice-President Name RONALD E JACKSON		
Street Address 6 MATHEWSON STREET			Street Address 447 DOUGLAS HOOK ROAD		
City JOHNSTON	State RI	Zip 02919	City CHEPACHET	State RI	Zip 02814
Secretary Name RONALD E JACKSON			Treasurer Name RONALD E JACKSON		
Street Address 447 DOUGLAS HOOK ROAD			Street Address 447 DOUGLAS HOOK ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONALD A JACKSON			Director Name RONALD E JACKSON		
Street Address 6 MATHEWSON STREET			Street Address 447 DOUGLAS HOOK ROAD		
City JOHNSTON	State RI	Zip 02919	City CHEPACHET	State RI	Zip 02814
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
		150	COMMO	NO PAR	
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 DONALD A. JACKSON				Date 2-17-2020	
Signature of Authorized Representative <i>Donald A Jackson</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov