



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.

1. Entity ID Number 000012925		2. Exact name of the Corporation JMP HOLDINGS CORPORATION			
3. Principal Office Address 51 DELTA DRIVE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE PARTS AND SERVICE			
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 JAMES M. PASCALE			Vice-President Name		
Street Address 51 DELTA DRIVE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name LISA TOYE			Treasurer Name JAMES PASCALE		
Street Address 51 DELTA DRIVE			Street Address 51 DELTA DRIVE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0
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 JAMES M. PASCALE				Date 2-28-2020	
Signature of Authorized Representative FILED					

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

MAY 11 2020
 BY 062800 **AA**