



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

Annual Report for the year: 2021  
 Corporation

STAMP

- 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 <b>000125240</b>		2. Exact name of the Corporation <b>J &amp; M TRANSFER, INC.</b>			
3. Principal Office Address <b>315 NOOSENECK HILL ROAD</b>			City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>562991</b>		6. Brief description of the character of business conducted in Rhode Island <b>TRUCK TRANSPORT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN SLINEY</b>			Vice-President Name <b>MICHAEL SLINEY</b>		
Street Address <b>315 NOOSENECK HILL ROAD</b>			Street Address <b>315 NOOSENECK HILL ROAD</b>		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>JOHN SLINEY</b>			Treasurer Name <b>MICHAEL SLINEY</b>		
Street Address			Street Address		
City	State	Zip	City	State	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 <b>JOHN SLINEY</b>			Director Name <b>MICHAEL SLINEY</b>		
Street Address <b>315 NOOSENECK HILL ROAD</b>			Street Address <b>315 NOOSENECK HILL ROAD</b>		
City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/VALUES	
		200		COMMON 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 <b>JOHN SLINEY, PRESIDENT</b>					Date <b>1-11-2021</b>
Signature of Authorized Representative <i>John Sliney</i>					

SIGN DOCUMENT HERE

**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

JAN 28 2021 KM

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