



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 162586		2. Exact name of the Corporation JDAM CORPORATION			
3. Principal office address 380 WARWICK AVENUE			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-467-5558			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island SALE OF ALCOHOLIC BEVERAGES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOHN T. HOGAN			Vice-President Name		
Street Address 50 PARK ROW WEST			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name JOHN T. HOGAN			Treasurer Name DIANE M. HOGAN		
Street Address 50 PARK ROW WEST			Street Address 50 PARK ROW WEST		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name JOHN T. HOGAN			Director Name DIANE M. HOGAN		
Street Address 50 PARK ROW WEST			Street Address 50 PARK ROW WEST		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			473,000	COMMON	1,000 per share

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 22 2021

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.

Signature of Authorized Representative

John T. Hogan, President

Print or Type Name of Authorized Representative

Date