



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year:

2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

AMENDMENT  
2022 APR 26 10 23

STAMP

1. Entity ID Number 1703852		2. Exact name of the Corporation J Marin construction INC	
3. Principal Office Address 215 Leah St		City Providence	State RI
		Zip 02908	
4. NAICS Code 238190	6. Brief description of the character of business conducted in Rhode Island Remodeling Purposes		
5. State of Incorporation R.I			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Julio A. Marin		Vice-President Name	
Street Address 215 Leah St		Street Address	
City Providence	State RI	Zip 02908	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This Information is currently of record in the Department of State.		NUMBER OF SHARES 75.00	CLASS/SERIES CNP
Changes require an additional filing.			PAR VALUE 0.00
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 Julio Amarin		Date 4-26-2022	
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

APR 26 2022  
BY

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