



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

FEB 01 2024
4379 *JK*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 123989		2. Exact name of the Corporation JAFFCO Packaging Machinery, inc.			
3. Principal Office Address PO Box 670			City Wakefield	State RI	Zip 02880
4. NAICS Code 813910		6. Brief description of the character of business conducted in Rhode Island Manufacturer's Rep's Office only, no stocked goods.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce Fournier			Vice-President Name Robert Fournier		
Street Address 67 Bonnet Point Rd.			Street Address 1079 Squire Cheney Drive		
City Narragansett	State RI	Zip 02882	City West Chester	State PA	Zip 19382
Secretary Name Bruce Fournier			Treasurer Name Robert Fournier		
Street Address 67 Bonnet Point Rd.			Street Address 1079 Squire Cheney Drive		
City Narragansett	State RI	Zip 02882	City West Chester	State PA	Zip 19382
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bruce Fournier			Director Name Robert Fournier		
Street Address 67 Bonnet Point Rd.			Street Address 1079 Squire Cheney Drive		
City Narragansett	State RI	Zip 02882	City West Chester	State PA	Zip 19382
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			0	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 Bruce E. Fournier				Date 1/30/24	
Signature of Authorized Representative 					

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