



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FEB 14 2024
 9492 a

1. Entity ID Number 000125240		2. Exact name of the Corporation J & M TRANSFER, INC.			
3. Principal Office Address 315 NOOSENECK HILL ROAD			City EXETER	State RI	Zip 02822
4. NAICS Code 562991		6. Brief description of the character of business conducted in Rhode Island TRUCK TRANSPORT			
5. State of Incorporation RHODE ISLAND					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name JOHN SLINEY			Vice-President Name MICHAEL SLINEY		
Street Address 315 NOOSENECK HILL ROAD			Street Address 315 NOOSENECK HILL ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name JOHN SLINEY			Treasurer Name MICHAEL SLINEY		
Street Address 315 NOOSENECK HILL ROAD			Street Address 315 NOOSENECK HILL ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name JOHN SLINEY			Director Name MICHAEL SLINEY		
Street Address 315 NOOSENECK HILL ROAD			Street Address 315 NOOSENECK HILL ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	COMMON	NONE	
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. <i>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.</i>					
Name of Authorized Representative JOHN SLINEY, PRESIDENT					Date 2/12/24
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.ri.gov