



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

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			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City EXETER	State RI
Zip 02822		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	City EXETER	State RI
Zip 02822		Zip 02822	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOHN SLINEY		Director Name MICHAEL SLINEY	
Street Address 315 NOOSENECK HILL ROAD		Street Address 315 NOOSENECK HILL ROAD	
City EXETER	State RI	City EXETER	State RI
Zip 02822		Zip 02822	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			
Changes require an additional filing.			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES		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.			
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 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

FORM 630 - Revised: 11/2021