



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

JAN 21 2025

Corporation

251832

- 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 00072013		2. Exact name of the Corporation J.D.M. Supply Company			
3. Principal Office Address 846 Broncos Highway			City Mapleville	State RI	Zip 02839
4. NAICS Code 325510		6. Brief description of the character of business conducted in Rhode Island Sale of Pipe and Pipe Fittings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael J. Gouin			Vice-President Name None		
Street Address 88 Joe Sarle Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Michael J. Gouin			Treasurer Name None		
Street Address 88 Joe Sarle Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael J. Gouin			Director Name None		
Street Address 88 Joe Sarle Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CNP	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 Michael J. Gouin				Date 02/01/2025	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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