

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.	2. Exact	LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  2. Exact name of the Corporation				
3244		C&J Forms, Inc.				
3. Principal office address 426 Smith Street			City North Kingsto	wn State	Zip <b>02852</b>	
Business Phone No.     41-295-2218     Brief description of the character of business conducted in Rhode Islan			5. State of Incorporation Rhode Island			
o. Brief description of the chain Concrete construction	n, commer	ess conducted in Rhode Isla cial buildings and hig	nd I <b>hways</b>			
이 되고 한다. (주요) President Name			Vice-President Name			
Jeffrey Johnson Street Address			Susan Johnson			
859 Carrs Pond Road			Street Address Same			
City East Greenwich	State RI	Zip 02818	City	State	Zip	
Secretary Name Jeffrey Johnson			Treasurer Name  Jeffrey Johnson			
rtreet Address Same			Street Address Same			
Dity	State	Zip	City	State	Zip	
Same			Street Address			
ity	State	Zip	City	State	Zip	
irector Name			Director Name			
treet Address	<del>.</del>		Street Address			
ity	State	Zip	City	State	Zip	
A STATE OF THE PARTY OF THE PAR	To the state of th		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.			100	Common	No Par	
his report must be executed o	n behalf of the	corporation by an authorize	d representative. If the c	orporation is in the hands	of a receiver or trustee	
	this report must be ex <b>FileED</b> pehalf of			Under penalty of perjury, I declare and affirm that I have examined this report, including any adcompanying schedules and statements and that all statements contained herein are true and correct.		
		4314	Signature of Authoriz	ed Representative	) / 2 5(/) Date	
			Jeffrey Johnson - President			
m No. 630			Print or Type Name of Authorized Representative			

Revised: 01/2012