



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

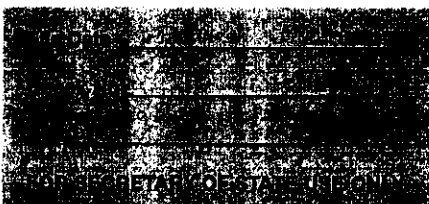
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 486162		2. Exact name of the Corporation JMS Services, Inc.			
3. Principal office address 2780 GAR Highway			City Rehoboth	State MA	Zip 02769
4. Business Phone No. 508-252-5277			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Painting, Wallpapering and other related services					
President Name James M. Smith			Vice-President Name		
Street Address 2780 GAR Highway			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name James M. Smith			Treasurer Name James M. Smith		
Street Address 2780 GAR Highway			Street Address 2780 GAR Highway		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.



FILED

FEB 19 2016

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.

X James M. Smith 2-15-16
 Signature of Authorized Representative Date

James M. Smith
 Print or Type Name of Authorized Representative

BY *Chad 268086*