



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

FILED: TAMP

AUG 19 2019

BY 100 OS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>001679495</u>		2. Exact name of the Corporation <u>J MORIN and SON INC.</u>			
3. Principal Office Address <u>21 Homestead Rd</u>		City <u>WOON</u>		State <u>R.I</u>	Zip <u>02895</u>
4. NAICS Code <u>238990</u>		6. Brief description of the character of business conducted in Rhode Island <u>INSTALL & REPAIR SWIMMING POOLS</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Joseph MORIN</u>			Vice-President Name <u>'' ''</u>		
Street Address <u>21 Homestead Rd</u>			Street Address		
City <u>WOON</u>		State <u>RI</u>	Zip <u>02895</u>	City <u>'' ''</u>	
Secretary Name <u>'' ''</u>			Treasurer Name <u>'' ''</u>		
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>'' ''</u>			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES <u>1,000 ?</u>	CLASS/SERIES	PAR VALUE <u>0</u>
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 <u>Joseph E Morin</u>				Date <u>8/16/19</u>	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov