



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 2015

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. 00090873		2. Exact name of the Corporation J.R.G.- CONTROLLER, INC			
3. Principal office address 6 Westridge Court		City North Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-741-3291		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MANAGEMENT CONSULTING SERVICES TITLE 7-1.1					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JAMES R GANUNG			Vice-President Name		
Street Address 6 WESTRIDGE COURT			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name JAMES R GANUNG			Treasurer Name JAMES R GANUNG		
Street Address 6 WESTRIDGE COURT			Street Address 6 WESTRIDGE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name JAMES R GANUNG			Director Name		
Street Address 6 WESTRIDGE COURT			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			100	CNP	0.000

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.

File Date _____

FILED

Check No _____

FEB 05 2015

By: _____

241670

FOR SECRETARY OF STATE USE ONLY

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.

James R Ganung
Signature of Authorized Representative

01/24/2015

Date

JAMES R GANUNG

Print or Type Name of Authorized Representative