

## 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 2016

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

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Filina Fee: \$50.00	<ul> <li>FAILURE TO FILE TH</li> </ul>	IIS REPORT BY	Y MARCH 31 W	ILL R	ESULT IN A \$25.00 PENALTY FEE

Filing Fee: \$50.00 • FA	ILURE TO FILE	THIS REPORT BY	MARCH 31 WILL RE	SULT IN A	\$25.00 PEN	ALTY FEE.				
1. Entity ID No.	2. Exact name	of the Corporation								
534099	J.I.	M.Inc.								
3. Principal office address			City Port Smo	11	State	Zip 0 JS	7:			
Munion S	>t		IDITISMO	wth	KI	098	<u>· [ ]                                    </u>			
4. Business Phone No.	100		5. State of Incorpora	ation	so d					
401-847 - 3 6. Brief description of the chara		andusted in Dhada later		1510	11.7(Y					
o. Dilei description of the chara	cter or business c	onducted in hillode Islan	iu							
GARDEN CEN				e						
7. LIST ALL OFFICERS (NAM	ES AND ADDRES	SSES) ("X" BOX FOR A								
President Name Jillian M. F	Vice-President Name	e no F	- ا معره <sup>ح</sup>	a .m						
Street Address	Jillian W. Pember Street Address									
711 Union St	711 Unión St.									
City	State	Zip	City	10/10	State	Zip				
Portsmouth RI 02871			Portsmi	nuth	RI	Zip 3 3	371			
Secretary Name	Pember	_	Treasurer Name				<del>- ,                                   </del>			
	Jillian M. tember									
Street Address .			Street Address							
711 Union S	State	Zip	City	10N S	State					
tortsmouth	RI	02871	Porten	south	RIT	Zip	1871			
8. LIST ALL DIRECTORS (NAI	MES AND ADDRE		ATTACHMENT)	JO WI I I	1 1 1 -	- 1 00	4 O 1 '			
Director Name	1 1 - 01-	-	Director Name				21.4.			
Jillian M.	<u>Pember</u>	·								
Street Address	St.	·	Street Address							
Dalena IIa	State	Zip	City		State	Zip				
Director Name		02871	- I							
Dirodio, Hame			Director Name							
Street Address			Street Address							
City	State	Zip	City		State	Zip				
A 4114				·····	<u> </u>					
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)									
This information is currently or	f record in the Of	fice of the Secretary	NUMBER OF SHARES	CLASS/SE	RIES	PAR VALUE				
of State. Changes require an a	dditional filing.		NONE							
See Section 9 of instruction sh	eet.									
This report must be executed or	hehalf of the cor	noration by an authorize	nd representative. If the	20						
The report must be exceeded of	this report must be	e executed on behalf of	the corporation by the r	corporation i eceiver or tri	s in the nands ustee.	ot a receiver of	r trustee,			
			Under penalty of p	erjury, I dec	lare and affir	m that I have e	xamined			
File Date			this report, includi	ng any acco	mpanying se	chedules and s	tatements.			
Check No		FILED	and that all stateme							
		<del>-</del>	Qi	Ilam &	emil-	79	9-160			
By:	<del></del>	MAR 0 3 2016	Signature of Author	ized Represe	entative		Date			
FOR SECRETARY OF STATE	USE ONLY \	11 2680	1.11.	يم ليا ما	سرم المح					
orm No. 630	2 <b>v</b> Y	1 000 U	Print or Type Name	of Authorize	d Representa	tive				
evised: 01/2012		•								