



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.<br>536099   |             | 2. Exact name of the Corporation<br>J.I.M. Inc |                    |              |   |              |           |
| 3. Principal office address<br>711 Union St.   |             | City<br>Portsmouth                             | State<br>RI        | Zip<br>02871 |   |              |           |
| 4. Business Phone No.<br>401-847-2183  |             | 5. State of Incorporation<br>Rhode Island      |                    |              |   |              |           |
| 6. Brief description of the character of business conducted in Rhode Island<br>GARDEN CENTER, Landscape, Giftware  |             |  |                    |              |   |              |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |             |  |                    |              |   |              |           |
| President Name<br>Jillian M. Pember  |             | Vice-President Name<br>Jillian M. Pember       |                    |              |   |              |           |
| Street Address<br>711 Union St.  |             | Street Address<br>711 Union St.                |                    |              |   |              |           |
| City<br>Portsmouth   | State<br>RI | Zip<br>02871                                   | City<br>Portsmouth | State<br>RI  | Zip<br>02871  |              |           |
| Secretary Name<br>Jillian M. Pember  |             | Treasurer Name<br>Jillian M. Pember            |                    |              |   |              |           |
| Street Address<br>711 Union St.  |             | Street Address<br>711 Union St.                |                    |              |   |              |           |
| City<br>Portsmouth   | State<br>RI | Zip<br>02871                                   | City<br>Portsmouth | State<br>RI  | Zip<br>02871  |              |           |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |  |                    |              |   |              |           |
| Director Name<br>Jillian M. Pember   |             | Director Name                                  |                    |              |   |              |           |
| Street Address<br>711 Union St.  |             | Street Address                                 |                    |              |   |              |           |
| City<br>Portsmouth   | State<br>RI | Zip<br>02871                                   | 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) <input type="checkbox"/> |              |           |
| 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 |
|  |             |  |                    |              | NONE  |              |           |
|  |             |  |                    |              |   |              |           |

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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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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.

Signature of Authorized Representative

Print or Type Name of Authorized Representative

2-29-16  
Date

Jillian Pember