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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.	2. Exact name of the Corporation			
788996	GJSI INC			
3. Principal office address		City	State	Zip
4110 Old Post Rd.		Charlestown	R.I.	02813
4. Business Phone No.		5. State of Incorporation		
401-364-8888		R.I.		
6. Brief description of the character of business conducted in Rhode Island				
Inn - Rest. Hen Mkt				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Janice E Falcone			Beth Sherman		
Street Address			Street Address		
4089 Old Post Rd			883 Center St		
City	State	Zip	City	State	Zip
Charlestown	R.I	02813	Wolfeboro	N.H	03894
Secretary Name			Treasurer Name		
Beth Sherman			Janice Falcone		
Street Address			Street Address		
883 Center St.			4089 Old Post Rd		
City	State	Zip	City	State	Zip
Wolfeboro	N.H	03894	Charlestown	R.I	02813

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	600	No Par Value	Common

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 21 2016
BY KL 8552

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.

Janice E Falcone — 3/17/16
Signature of Authorized Representative — Date

JANICE E FALCONE
Print or Type Name of Authorized Representative

Revised: 01/2012

134246-12-1117784