



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2016 APR 20 PM 3:44

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>115112</u>		2. Exact name of the Corporation <u>JG World Travel & Financial Services Inc</u>			
3. Principal Office Address <u>440 Dexter St</u>			City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
4. Business Phone Number <u>401 726-8090</u>			5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Travel Service, Check Cashing, Money Transfer, Income Tax, IMM.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Julia Gonzalez</u>			Vice-President Name		
Street Address <u>53 Lincoln Dr.</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES <u>0</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>Julia Gonzalez</u>				Date <u>4/20/2016</u>	
Signature of Authorized Representative <u>Julia Gonzalez</u>				SIGN DOCUMENT HERE	

FILED
 APR 20 2016
 By 272697
A.A.