



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 82175		2. Exact name of the Corporation Jozon Enterprises, Inc.			
3. Principal Office Address 17 Old Greenville Road		City Johnston		State RI	Zip 02919
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island To conduct a retail pizzeria operation.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Zonfrilli			Vice-President Name Joseph Zonfrilli		
Street Address 17 Old Greenville Road			Street Address 17 Old Greenville Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph Zonfrilli			Treasurer Name Joseph Zonfrilli		
Street Address 17 Old Greenville Road			Street Address 17 Old Greenville Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Zonfrilli			Director Name		
Street Address 17 Old Greenville Road			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	Common	No Par Value	
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 Joseph Zonfrilli				Date 1/13/17	
Signature of Authorized Representative <i>J Zonfrilli</i> SIGN DOCUMENT HERE JAN 13 2017					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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