



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 <u>788000W</u>		2. Exact name of the Corporation <u>G. J. S. I. INC</u>	
3. Principal Office Address <u>4089 Old Post Rd</u>		City <u>Charlestown</u>	State <u>R.I.</u>
		Zip <u>02813</u>	
4. Business Phone Number <u>401-364-1818</u>		5. State of Incorporation <u>R.I.</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Lign Food - Rest.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>JANICE E FALCONE</u>		Vice-President Name <u>Beth Sherman</u>	
Street Address <u>4089 Old Post Rd</u>		Street Address <u>886 Center St</u>	
City <u>Charlestown</u>	State <u>R.I.</u>	City <u>Wolfeboro</u>	State <u>N.H.</u>
Zip <u>02813</u>		Zip <u></u>	
Secretary Name <u>BETH SHERMAN</u>		Treasurer Name <u>JANICE E FALCONE</u>	
Street Address <u>886 Center St</u>		Street Address <u>4089 Old Post Rd.</u>	
City <u>Wolfeboro</u>	State <u>N.H.</u>	City <u>Charlestown</u>	State <u>R.I.</u>
Zip <u></u>		Zip <u>02813</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>600</u>	<u>Common Stock C/P</u>
			<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. <b>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.</b>			
Name of Authorized Representative <u>Janice E. Falcone</u>		Date <u>1/11/2017</u>	
Signature of Authorized Representative <u>Janice E. Falcone</u>		SIGN DOCUMENT HERE	

FILED

JAN 17 2017

BY

87252

MAIL TO:

Division of Business Services

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