



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>	Zip <u>02813</u>	City <u>Wolfeboro</u>	State <u>N.H.</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>	Zip <u></u>	City <u>Charlestown</u>	State <u>R.I.</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	Zip	City	State
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> <span style="float: right;">SIGN DOCUMENT HERE</span>				

FILED

JAN 17 2017

BY 87252

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov