



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 2017

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. 150783		2. Exact name of the Corporation JN MANAGEMENT INC	
3. Principal office address 275 POCASSET AVE		City PROV	State RI
4. Business Phone No. 401-946-5800		Zip 02909	
5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island FINANCIAL SERVICES			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name TERESA MUNOZ		Vice-President Name REBECCA FRANCO	
Street Address 3 FARRINGTON LANE		Street Address 275 POCASSET AVE	
City CANTON	State MA	City PROV	State RI
Zip 02021		Zip 02909	
Secretary Name REBECCA FRANCO		Treasurer Name TERESA MUNOZ	
Street Address 275 POCASSET AVE		Street Address 275 POCASSET AVE	
City PROV	State RI	City PROV	State RI
Zip 02909		Zip 02909	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name TERESA MUNOZ		Director Name REBECCA FRANCO	
Street Address 3 FARRINGTON LANE		Street Address 275 POCASSET AVE	
City CANTON	State MA	City PROV	State RI
Zip 02021		Zip 02909	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		200	COMMON
			NO PAR

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

FILED

Check No **JAN 18 2017**

By: **OK 5020**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

THOMAS A HANLEY
Print or Type Name of Authorized Representative