



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

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 **Thomas A. Hallett** Date **1/18/17**

Print or Type Name of Authorized Representative **THOMAS A HALLETT ESQ**