



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.

STAMP
 FOR
 2017 FEB 14 11:17
 RI

1. Entity ID Number 72974	2. Exact name of the Corporation JONMAR, INC.
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3. Principal Office Address 1703 Cranston Street	City Cranston	State RI	Zip 02920
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4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island Restaurateurs, caterers, innkeepers, suppliers and food preparers
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mario Macera			Vice-President Name Mario Macera		
Street Address 1703 Cranston Street			Street Address 1703 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Mario Macera			Treasurer Name Mario Macera		
Street Address 1703 Cranston Street			Street Address 1703 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mario Macera			Director Name		
Street Address 1703 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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
	200.00	CNP	\$0.0000

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 Mario Macera	Date 2/13/17
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Signature of Authorized Representative 	SIGN DOCUMENT HERE	FILED
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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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 BY 295 712
 FORM 630 - Revised: 10/2016