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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

Entity ID Number		2. Exact name of the Corporation						
22431	JSIN Indust	JSIN Industries Ltd.						
3. Principal Office Address		City		State	Zip			
50 Maple Street		_	Warwick		RI	02888		
1. NAICS Code	6. Brief descr	ription of the charac	cter of business co	nducted in Rhode I	sland			
44-45 - Retail Trade	Retail Casu	al Furniture						
5. State of Incorporation								
Rhode Island					<u> </u>			
7. List ALL officers (names an	d addresses)		Vice-President		the box to in	ndicate an attachment L		
President Name Brian Singma	n		Vice-President	<u>.</u>		· · · · · · · · · · · · · · · · · · ·		
Street Address 50 Maple Street	et .		Street Address					
City Warwick	State RI	^{Zip} 02888	Sil,		State	Zip		
Secretary Name Brian Singma	nn			Treasurer Name Brian Singman				
Street Address 50 Maple		Street Address 50 Maple Street						
City Warwick	State RI	Zip 02888	City Warwick		State RI			
8. List ALL directors (names a	and addresses)		IDim ston Nome	Check	the box to i	ndicate an attachment		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name					
Street Address			Street Address					
Olicet Variess						Take		
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued			indicate an attachment L		
This information is currently o	f record in the	NUMBER	OF SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		76		Common		No Par Value		
Changes require an additional	filing.							
11. This report must be execu	uted on behalf of the	e corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver		
	vaar taal an babalf c	of the comporation hi	v the receiver of it	usiee.				
Linder penalty of periury, I	declare and affirm	that i have exami	nea this report, ii	ncluding any acco	mpanying s	Scuednias aug		
statements, and that all sta Name of Authorized Represe	<u>itements containe</u> Intative	u nerein are true a	mu correct.		Date	1		
Brian Singman, President			2	113/17				
City of Authorized Don	resentative	 	CII	LED				
programme or controllege trops	V		27° 11 ji	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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