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	2. Exact name of the Corporation
164387	JGC Corp.

3. Principal Office Address	City	State	Zip
1461 Atwood Avenue	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	SALES OF GARDEN SUPPLIES
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Dino Jacavone			Connie Jacavone		
Street Address: 5 French Lane			Street Address: 5 French Lane		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857
Secretary Name: Connie Jacavone			Treasurer Name: Dino Jacavone		
Street Address: 5 French Lane			Street Address: 5 French Lane		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Dino Jacavone			Connie Jacavone		
Street Address: 5 French Lane			Street Address: 5 French Lane		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857
Director Name: NONE			Director Name: NONE		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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	Date
Dino Jacavone	

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 20 2017
BY 2855DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov