



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2016**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE  
 BUSINESS DIVISION  
 2017 NOV -8 AM 10:37

1. Entity ID Number <b>789145</b>		2. Exact name of the Corporation <b>JC SCUBA, INC.</b>			
3. Principal Office Address <b>1525 Old Louisquisset Pike, C103</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>454111</b>		6. Brief description of the character of business conducted in Rhode Island <b>e-Commerce web based, Sale and Distribution of Scuba Diving Accessories</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christopher Weedon</b>			Vice-President Name <b>None</b>		
Street Address <b>1525 Old Louisquisset Pike, C103</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>A</b>	<b>0.01</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Christopher Weedon</b>					Date <b>10/17/2017</b>
Signature of Authorized Representative 					SIGN DOCUMENT FILED

RECEIVED STATE  
 BUSINESS DIVISION  
 2017 NOV 17 AM 10:04

NOV 17 2017  
 BY 317751  
 A.A. 10:07 A.M. FORM 630 - Revised: 08/2017