



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

**FILED**

**Annual Report for the year: 2018**  
**Corporation**

JAN 05 2018 *id*

BY 3101

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

1. Entry ID Number <b>102045</b>		2. Exact name of the Corporation <b>JIF ETCETERA.ETC.INC</b>			
3. Principal Office Address <b>1117 MAIN STREET</b>			City <b>COVENTRY</b>		State <b>RI</b>
			Zip <b>02816</b>		
4. NAICS Code <b>453110</b>		6. Brief description of the character of business conducted in Rhode Island <b>FLORAL SHOP</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>EDWARD R. IANNOTTI</b>			Vice-President Name <b>NONE</b>		
Street Address <b>200 MACARTHUR BLVD</b>			Street Address		
City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>	City	
				State	
				Zip	
Secretary Name <b>EDWARD R. IANNOTTI</b>			Treasurer Name <b>EDWARD R. IANNOTTI</b>		
Street Address <b>200 MACARTHUR BLVD</b>			Street Address <b>200 MACARTHUR BLVD</b>		
City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	
				State <b>RI</b>	
				Zip <b>02816</b>	
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>EDWARD R. IANNOTTI</b>			Director Name <b>NONE</b>		
Street Address <b>200 MACARTHUR BLVD</b>			Street Address		
City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>	City	
				State	
				Zip	
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMOM</b>	PAR VALUE <b>NO PAR</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>EDWARD R. IANNOTTI</b>				Date <b>01/02/2018</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02804-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov