



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 102045		2. Exact name of the Corporation JIF ETCETERA.ETC.INC			
3. Principal Office Address 1117 MAIN STREET			City COVENTRY		State RI
			Zip 02816		
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island FLORAL SHOP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD R. IANNOTTI			Vice-President Name NONE		
Street Address 200 MACARTHUR BLVD			Street Address		
City COVENTRY		State RI	Zip 02816	City	
				State	
				Zip	
Secretary Name EDWARD R. IANNOTTI			Treasurer Name EDWARD R. IANNOTTI		
Street Address 200 MACARTHUR BLVD			Street Address 200 MACARTHUR BLVD		
City COVENTRY		State RI	Zip 02816	City COVENTRY	
				State RI	
				Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD R. IANNOTTI			Director Name NONE		
Street Address 200 MACARTHUR BLVD			Street Address		
City COVENTRY		State RI	Zip 02816	City	
				State	
				Zip	
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			100	COMMOM	NO PAR
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 EDWARD R. IANNOTTI					Date 01/02/2018
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