



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

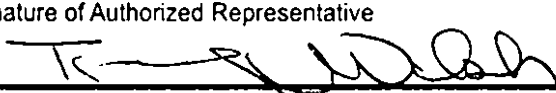
Annual Report for the year: **2018**
Corporation

STAMP

→ 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 000044167		2. Exact name of the Corporation Jeneet, Inc.			
3. Principal Office Address 303 Kilvert Street		City Warwick		State RI	Zip 02886
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacturing of miscellaneous teflon products.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TIMOTHY W. WALSH			Vice-President Name TIMOTHY W. WALSH		
Street Address 303 Kilvert Street			Street Address SAME		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name TIMOTHY W. WALSH			Treasurer Name TIMOTHY W. WALSH		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TIMOTHY W. WALSH			Director Name NONE		
Street Address 303 Kilvert Street			Street Address		
City Warwick	State RI	Zip 02886	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			
		500	COMMON "A"	NO PAR	
		4500	COMMON "B"	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 TIMOTHY W. WALSH, PRESIDENT					Date 1/17/2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govJAN 22 2018
BY **3350**

FORM 630 - Revised: 10/2017