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

STAMP

Annual Report for the year: 2018
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
000135533	JNI CONSTRUCTION CO.

3 Principal Office Address	City	State	Zip
25 Derby Avenue	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	COMMERCIAL AND RESIDENTIAL CONTRACTING AND CONSTRUCTION OF ALL TYPES.
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		
Joseph A. Iascone			Robin E. Iascone		
Street Address: 25 Derby Avenue			Street Address: 25 Derby Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Joseph A. Iascone			Treasurer Name: Robin E. Iascone		
Street Address: 25 Derby Avenue			Street Address: 25 Derby Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name			Director Name		
Joseph A. Iascone			Robin E. Iascone		
Street Address: 25 Derby Avenue			Street Address: 25 Derby Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Director Name			Director Name		
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
100	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
Joseph A. Iascone	1/12/18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
JAN 25 2018
BY 4969

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

FORM 630 - Revised: 10/2017