



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

FILED

FEB 12 2018

BY 585

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 1673467		2. Exact name of the Corporation JEMA, INC.			
3. Principal Office Address 2 Belton Drive			City Barrington	State RI	Zip 02806
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
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 Joanna Koutsoukos			Vice-President Name NONE		
Street Address 2 Belton Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Joanna Koutsoukos			Treasurer Name Joanna Koutsoukos		
Street Address 2 Belton Drive			Street Address 2 Belton Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joanna Koutsoukos			Director Name Athanasios Katsinas		
Street Address 2 Belton Drive			Street Address 2 Belton Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		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 Joanna Koutsoukos					Date 2/6/18
Signature of Authorized Representative					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov