



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 106921		2. Exact name of the Corporation J.N.T. Holding Corporation			
3. Principal Office Address 117 Lucy Street			City Tiverton	State RI	Zip 02878
4. NAICS Code 53120		6. Brief description of the character of business conducted in Rhode Island Designing, marketing and manufacturing machinery for industrial sewing use, for financing and capitalization of such endeavors.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John F. Tallmadge			Vice-President Name John F. Tallmadge		
Street Address 117 Lucy Street			Street Address 117 Lucy Street		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name John F. Tallmadge			Treasurer Name John F. Tallmadge		
Street Address 117 Lucy Street			Street Address 117 Lucy Street		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE 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 John F. Tallmadge				Date 2-18-18	
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.gov

FEB 28 2018
BY **3008 DS**