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	2. Exact name of the Corporation
106921	J.N.T. Holding Corporation

3. Principal Office Address	City	State	Zip
117 Lucy Street	Tiverton	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
533120	Designing, marketing and manufacturing machinery for industrial sewing use, for financing and capitalization of such endevors.
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
John F. Tallmadge	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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	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
John F. Tallmadge	2-12-18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY 300105

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