RI SOS Filing Number: 201985368860 Date: 1/28/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Entity ID Number	00 fee if form is not filed by April 1.  2. Exact name of the Corporation						
000044167		Jeneet, Inc.					
3. Principal Office Address			City		State	Zip	
303 Kilvert Street			Warwick		RI	02886	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business c	onducted in Rhode I	sland		
339999	Manufactu	Manufacturing of miscellaneous teflon products.					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names ar	nd addresses)			Check	the box to i	indicate an attachment 🗖	
President Name TIMOTHY W.	Vice-President Name TIMOTHY W. WALSH						
Street Address 303 Kilvert Str	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	State Zip	
8. List ALL directors (names a	and addresses)			Check	the box to	indicate an attachment	
Director Name TIMOTHY W. WALSH			Director Name NONE				
Street Address 303 Kilvert Street			Street Address				
City Warwick	State Ri	Zip <b>02886</b>	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address	Street Address						
City	State	Zip	City	<del>~~</del>	State	ZID	
9. Shares Authorized	i	10. Shares Is:	l sued	Check	the box to i	indicate an attachment	
This information is currently of record in the Department of State.			F SHARES	CLASS/SERIES PAR VALUE			
		500		COMMON "A"		NO PAR	
Changes require an additional filing.		4500		COMMON "B"		NO PAR	
11. This report must be executrustee, this report must be ex					ration is in	the hands of a receiver or	
Under penalty of perjury, I d	declare and affirm	that I have examir	ed this report, it		npanying s	chedules and	
statements, and that all sta Name of Authorized Represe	<u>rements contained</u> ntative	i nerein are true ai	na correct.		Date \	_	
TIMOTHY W. WALSH, PRESIDENT					1/1	4/19	
Signature of Authorized Repr	esentative				1 1/	1/1-1	
<u> </u>		SIGN SY	CUMENTHERE	> FII EI	<u>1</u>		
MAIL TO:				TILL	9/	,	

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 8 2019 0c

FORM 630 - Revised: 10/2017