



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

Annual Report for the year: **2019**
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 68286		2. Exact name of the Corporation JennTech, Inc. Internet Services			
3. Principal Office Address 18 Hemlock Drive		City Exeter		State RI	Zip 02822
4. NAICS Code 517311		6. Brief description of the character of business conducted in Rhode Island Internet services			
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 Keith Jennison			Vice-President Name Susan Jennison		
Street Address 18 Hemlock Drive			Street Address 18 Hemlock Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Susan Jennison			Treasurer Name Keith Jennison		
Street Address 18 Hemlock Drive			Street Address 18 Hemlock Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Keith Jennison			Director Name Susan Jennison		
Street Address 18 Hemlock Drive			Street Address 18 Hemlock Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 <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		
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 KEITH JENNISON					Date 2/25/19
Signature of Authorized Representative 					

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

FILED

FEB 27 2019

FORM 630 - Revised: 10/2017

BY 3381