



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.

SECRETARY OF STATE
 CORPORATION DIVISION
 2019 MAY 13 PM 12:01

1. Entity ID Number 691834		2. Exact name of the Corporation JOVINI, LTD.			
3. Principal Office Address 8 Freebody Street			City Newport	State RI	Zip 02840
4. NAICS Code 713990		6. Brief description of the character of business conducted in Rhode Island The acquisition, ownership and maintenance of yachts, boats and vessels.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victoria Rizzi			Vice-President Name		
Street Address 646 South Street			Street Address		
City Carlisle	State MA	Zip 01741	City	State	Zip
Secretary Name James F. Hyman			Treasurer Name		
Street Address 8 Freebody Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		C. ASS/SERIES	PAR VALUE
		100		Common	NO PAR
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 James F. Hyman					Date 5/9/19
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
 SIGN DOCUMENT HERE
 MAY 13 2019
 BY QNYKB
 A.A. 12:03pm.