



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

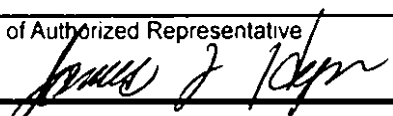
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE
CORPORATE 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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 				FILED SIGN DOCUMENT HERE MAY 13 2019 BY QNYKB A.A. 12:02pm	

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