



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

FILED

JAN 13 2020

BY 273

Annual Report for the year: 2020
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 000090873		2. Exact name of the Corporation J.R.G.-Controller, Inc.			
3. Principal Office Address 6 WESTRIDGE COURT			City NORTH KINGSTOWN	State RI	Zip 02852-3510
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Other Accounting Services- Financial Consulting			
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 JAMES R GANUNG			Vice-President Name		
Street Address 6 WESTRIDGE COURT			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852-3510	City	State	Zip
Secretary Name JAMES R GANUNG			Treasurer Name JAMES R GANUNG		
Street Address 6 WESTRIDGE COURT			Street Address 6 WESTRIDGE COURT		
City NORTH KINGSTOWN	State RI	Zip 02852-3510	City NORTH KINGSTOWN	State RI	Zip 02852-3510
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES R GANUNG			Director Name		
Street Address 6 WESTRIDGE COURT			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852-3510	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.			NUMBFR OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	CNP	\$0.0000
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. <i>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.</i>					
Name of Authorized Representative JAMES R GANUNG				Date 01/09/2020	
Signature of Authorized Representative <i>James R Ganung</i>					

MAIL TO:
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 Website: www.sos.ri.gov