RI SOS Filing Number: 202184842780 Date: 1/4/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED
JAN 04 2021
BY 3837

Annual Report for the year: 2021

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	2. Exact name of the Corporation
000102045	JIF ETCETERA, ETC, INC

3. Principal Office Address	City	State	Zip
1117 MAIN STREET	COVENTRY	R.I.	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
453110	FLORAL SHOP
5. State of Incorporation: KT	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: EDWARD R. IANNOTTI			Vice-President Name: NONE		
Street Address: 200 MACARTHUR BLVD.			Street Address:		
City: COVENTRY	State: R.I.	Zip: 02816	City:	State:	Zip:
Secretary Name: EDWARD R. IANNOTTI			Treasurer Name: EDWARD R. IANNOTTI		
Street Address: 200 MACARTHUR BLVD.			Street Address: 200 MACARTHUR BLVD.		
City: COVENTRY	State: R.I.	Zip: 02816	City: COVENTRY	State: R.I.	Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: EDWARD R. IANNOTTI			Director Name: NONE		
Street Address: 200 MACARTHUR BLVD			Street Address:		
City: COVENTRY	State: R.I.	Zip: 02816	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/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	Date
EDWARD R. IANNOTTI	01/02/2021

Signature of Authorized Representative:

MAIL TO:
Division of Business Services