RI SOS Filing Number: 202189442570 Date: 2/2/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -2 A 2:43

1. Entity ID Number	2. Exact name of the Corporation
001700862	**JNN, Inc.**

3. Principal Office Address	City	State	Zip
55 Douglas Pike Unit 1	**Smithfield**	**RI**	**02917**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	**Limited Food Establishment**
5. State of Incorporation: **Rhode Island**	

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

President Name: **Joseph Bakleh**			Vice-President Name:		
Street Address: **54 South Eagle Nest Drive**			Street Address:		
City: **Lincoln**	State: **RI**	Zip: **02865**	City:	State:	Zip:
Secretary Name: **Joseph Bakleh**			Treasurer Name: **Joseph Bakleh**		
Street Address: **54 South Eagle Nest Drive**			Street Address: **54 South Eagle Nest Drive**		
City: **Lincoln**	State: **RI**	Zip: **02865**	City: **Lincoln**	State: **RI**	Zip: **02865**

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

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**$1.00**

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
Joseph Bakleh	1-22-21

Signature of Authorized Representative

X

SIGN DOCUMENT HERE

FILED

FEB 02 2021

BY CR 3970

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