



State of Rhode Island  
**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.

**FILED**  
**FEB 17 2021**  
*JL*  
 BY 5750

1. Entity ID Number 000082352		2. Exact name of the Corporation J.H.C., INC			
3. Principal Office Address 1676 East Main St.		City Portsmouth		State RI	Zip 02871
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island ACQUISITION AND HOLDING, SELLING, LEASING, EXCHANGING OF REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOHN W. CORBISHLEY			Vice-President Name ELIZABETH A JENARD		
Street Address 1676 East Main Rd.			Street Address 356 Golfview Rd. #301		
City Portsmouth	State RI	Zip 02871	City North Palm Beach	State FL	Zip 33408
Secretary Name LORI B. CORBISHLEY			Treasurer Name LORI B. CORBISHLEY		
Street Address 1676 East Main Rd.			Street Address 1676 East Main Rd.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			150		PAR VALUE
			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.					
<b>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.</b>					
Name of Authorized Representative LORI B. CORBISHLEY, Secretary/Treasurer					Date 02/12/2021
Signature of Authorized Representative <i>Lori B. Corbishley</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov