RI SOS Filing Number: 202193498480 Date: 3/1/2021 4:00:00 PM

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 STAMP
MAR 01 2021
BY 5385

1. Entity ID Number	2. Exact name of the Corporation		
000135533	JNI CONSTRUCTION CO.		
3. Principal Office Address	**City**	**State**	**Zip**
25 DERBY AVENUE	JOHNSTON	RI	02919
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
238990	COMMERCIAL AND RESIDENTIAL CONTRACTING AND CONSTRUCTION OF ALL TYPES.		
5. State of Incorporation			
Rhode Island			

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

President Name	JOSEPH A. IASCONE		Vice-President Name	ROBIN E. IASCONE	
Street Address	25 DERBY AVENUE		Street Address	25 DERBY AVENUE	
City	JOHNSTON	State RI Zip 02919	City	JOHNSTON	State RI Zip 02919
Secretary Name	JOSEPH A. IASCONE		Treasurer Name	ROBIN E. IASCONE	
Street Address	25 DERBY AVENUE		Street Address	25 DERBY AVENUE	
City	JOHNSTON	State RI Zip 02919	City	JOHNSTON	State RI Zip 02919

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

Director Name	JOSEPH A. IASCONE		Director Name	ROBIN E. IASCONE	
Street Address	25 DERBY AVENUE		Street Address	25 DERBY AVENUE	
City	JOHNSTON	State RI Zip 02919	City	JOHNSTON	State RI Zip 02919
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NO PAR VALUE

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 A. IASCONE	1/16/21

Signature of Authorized Representative
X

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: 08/2020