RI SOS Filing Number: 202193915860 Date: 3/12/2021 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

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MAR 1 2 2021 BY	DS.

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1 Entity ID Number	2 Exact nam	2 Exact name of the Corporation						
000072974	JONMAR	JONMAR, INC.						
Principal Office Address	•		City State		State	Zip		
1703 Cranston Street		Cranston		RI	02920			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
722511	Restaurate	Restaurateurs, caterers, innkeepers, suppliers, and food preparers						
5. State of Incorporation				·				
Rhode Island								
7 List ALL officers (names ar	nd addresses)				eck the box to	ndicate an attachment 🔲		
President Name Mario Macera			Vice-President Name Mario Macera					
Street Address 1703 Cranston Street			Street Address 1703 Cranston Street					
City Cranston	State RI	^{Zip} 02920			State RI	^{Z_{IP}} 02920		
Secretary Name Mario Macera			Treasurer Name Mario Macera					
Street Address 1703 Cranston Street		Street Address 1703 Cranston Street						
City Cranston	State RI	Zip 02920	City Cranston			State RI Zip 02920		
8. List ALL directors (names a	and addresses)	•	-	Che	eck the box to	indicate an attachment		
Director Name Mario Macera	•		Director Nam	ne				
Street Address 1703 Cranston Street			Street Address					
City Cranston	State RI	^{Zip} 02920	City		State	Žip		
Director Name				Director Name				
Street Address			Street Address					
51125171331233			Sirect riddies	~				
City	State	Zıp	City		State	Zip		
9 Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
This information is currently o								
Department of State.		200.00		CNP		\$0.0000		
Changes require an additional filing.								
11 This report must be execu	ited on hehalf of the	corporation by an	authorized repre	 esentative If the co	rnoration is in	the hands of a receiver or		
trustee, this report must be e					porduoo			
Under penalty of perjury, I de	declare and affirm	that i have examin	ed this report,		companying s	chedules and		
statements, and that all sta	tements contained	l herein are true ar	d correct.			. <u> </u>		
Name of Authorized Represe	ntative 				Date	1-		
Mario Macera	11.				1/23	5/21		
Signature of Authorized Repr	esentatyle							
// (X L^ _ _								

MAIL TO: Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov