State of Rhode Island

Department of State - Business Services Division

MAR 1 2 2021 CK/STAMP

BY 3321

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
164387	JGC Corp.

3. Principal Office Address	City	State	Zip
1461 Atwood Avenue	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
444220	SALES OF GARDEN SUPPLIES
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Dino Jacavone	Connie Jacavone
Street Address: 5 French Lane	Street Address: 5 French Lane
City: North Scituate, State: RI, Zip: 02857	City: North Scituate, State: RI, Zip: 02857
Secretary Name: Connie Jacavone	Treasurer Name: Dino Jacavone
Street Address: 5 French Lane	Street Address: 5 French Lane
City: North Scituate, State: RI, Zip: 02857	City: North Scituate, State: RI, Zip: 02857

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

Director Name	Director Name
Dino Jacavone	Connie Jacavone
Street Address: 5 French Lane	Street Address: 5 French Lane
City: North Scituate, State: RI, Zip: 02857	City: North Scituate, State: RI, Zip: 02857
Director Name: None	Director Name: None
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
200	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
Dino Jacavone	3-9-21

Signature of Authorized Representative

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