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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

JAN 10 2022
BY 4080

1. Entity ID Number	2. Exact name of the Corporation		
000102045	JIF ETCETERA , ETC , INC		
3. Principal Office Address	City	State	Zip
1117 MAIN STREET	COVENTRY	R.I.	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
453110	FLORAL SHOP		
5. State of Incorporation			
R.I.			

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

President Name EDWARD R . IANNOTTI			Vice-President Name NONE		
Street Address 200 MACARTHUR BLVD .			Street Address		
City COVENTRY	State R.I.	Zip 02816	City	State	Zip
Secretary Name EDWARD R. IANNOTTI			Treasurer Name EDWARD R. IANNOTTI		
Street Address 200 MACARTHUR BLVD .			Street Address 200 MACARTHUR BLVD .		
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State R.I.	Zip 02816

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

Director Name EDWARD R. IANNOTTI			Director Name NONE		
Street Address 200 MACARTHUR BLVD .			Street Address		
City COVENTRY	State R.I.	Zip 02816	City	State	Zip
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
100	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.

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
EDWARD R . IANNOTTI	01/02/2022

Signature of Authorized Representative

MAIL TO:
Division of Business Services