



State of Rhode Island  
Department of State - Business Services Division  
**Annual Report for the year: 2022**  
**Corporation**

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

**FILED**

2022 APR 22 A 8:57

APR 22 2022

*4353*

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

BY

1. Entity ID Number 001700862		2. Exact name of the Corporation JNN, Inc.			
3. Principal Office Address 55 Douglas Pike unit 1			City Smithfield		State RI
			Zip 02917		
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name Joseph Bakleh			Vice-President Name		
Street Address 54 South Eagle Nest Dr			Street Address		
City Lincoln	State RI	Zip 02917	City Lincoln	State	Zip
Secretary Name Joseph Bakleh			Treasurer Name Joseph Bakleh		
Street Address 54 South Eagle Nest Dr			Street Address 54 South Eagle Nest Dr		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		100 Common		1.00	
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. <i>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.</i>					
Name of Authorized Representative Joseph Bakleh				Date 4/20/22	
Signature of Authorized Representative					

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