



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 07 2023

BY 1056 19

1. Entity ID Number <b>82352</b>		2. Exact name of the Corporation <b>J.H.C. INC.</b>												
3. Principal Office Address <b>1676 EAST MAIN ROAD</b>			City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>									
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>ACQUISITION AND HOLDING, SELLING, LEASING, EXCHANGING OF REAL ESTATE</b>													
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>JOHN W. CORBISHLEY</b>			Vice-President Name <b>LORI B. CORBISHLEY</b>											
Street Address <b>1676 EAST MAIN ROAD</b>			Street Address <b>1676 EAST MAIN RD.</b>											
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>									
Secretary Name <b>LORI B. CORBISHLEY</b>			Treasurer Name <b>LORI B. CORBISHLEY</b>											
Street Address <b>1676 EAST MAIN ROAD</b>			Street Address <b>1676 EAST MAIN ROAD</b>											
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>N/A</b>			Director Name <b>N/A</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>N/A</b>			Director Name <b>N/A</b>											
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 <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>150</b></td> <td><b>COMMON</b></td> <td><b>NO PAR</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>150</b>	<b>COMMON</b>	<b>NO PAR</b>			
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<b>150</b>	<b>COMMON</b>	<b>NO PAR</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>LORI B. CORBISHLEY, SECRETARY/TREASURER</b>				Date <b>02/27/2023</b>										
Signature of Authorized Representative <i>[Signature]</i>														

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)