



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 31 2023

1005 2

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 164387		2. Exact name of the Corporation JGC Corp.			
3. Principal Office Address 1461 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 444220		6. Brief description of the character of business conducted in Rhode Island Sales of garden supplies			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dino Jacavone			Vice-President Name 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 <input type="checkbox"/>					
Director Name Dino Jacavone			Director Name 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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>	
		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 Dino Jacavone				Date 3.27.2023	
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