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
JUL 03 2023
BY 48307

1. Entity ID Number	2. Exact name of the Corporation		
61676	JJI International, Inc.		
3. Principal Office Address: 1 Weingeroff Blvd.	City: Cranston	State: RI	Zip: 02910
4. NAICS Code: 318990	6. Brief description of the character of business conducted in Rhode Island: Design, manufacture, distribute jewelry gifts and associated products.		
5. State of Incorporation: Rhode Island			

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

President Name: Lisa Weingeroff	Vice-President Name: R. Dale Kincaid
Street Address: 1 Weingeroff Blvd.	Street Address: 1 Weingeroff Blvd.
City: Cranston State: RI Zip: 02910	City: Cranston State: RI Zip: 02910
Secretary Name: R. Dale Kincaid	Treasurer Name: Lisa Weingeroff
Street Address: 1 Weingeroff Blvd.	Street Address: 1 Weingeroff Blvd.
City: Cranston State: RI Zip: 02910	City: Cranston State: RI Zip: 02910

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

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

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

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: Lisa Weingeroff
Date: 6.27.23
Signature of Authorized Representative: Lisa Weingeroff

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: 2/2023