

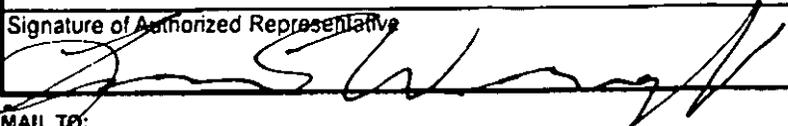


State of Rhode Island
Department of State - Business Services Division

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
OS

1. Entity ID Number 61676		2. Exact name of the Corporation 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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.			NUMBER OF SHARES		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. <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 Lisa Weingeroff					Date 6.27.23
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