



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

JAN 31 2024

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|   |             |   |   |              |                 |
|---|-------------|---|---|--------------|-----------------|
| 1. Entity ID Number<br>000553480  |             | 2. Exact name of the Corporation<br>JT ASSOCIATES, INC.   |   |              |                 |
| 3. Principal Office Address<br>57 John Street   |             | City<br>Johnston  |   | State<br>RI  | Zip<br>02919    |
| 4. NAICS Code<br>493190   |             | 6. Brief description of the character of business conducted in Rhode Island<br>Leasing storage containers |   |              |                 |
| 5. State of Incorporation<br>Rhode Island   |             |   |   |              |                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |   |              |                 |
| President Name<br>Justin A Parrillo   |             |   | Vice-President Name<br>Thomas Scorpio III |              |                 |
| Street Address<br>212 Elmdale Road  |             |   | Street Address<br>1070 Scituate Avenue    |              |                 |
| City<br>Scituate  | State<br>RI | Zip<br>02857  | City<br>Cranston                          | State<br>RI  | Zip<br>02821    |
| Secretary Name<br>Thomas Scorpio III  |             |   | Treasurer Name<br>Justin A Parrillo       |              |                 |
| Street Address<br>1070 Scituate Avenue  |             |   | Street Address<br>212 Elmdate Road        |              |                 |
| City<br>Cranston  | State<br>RI | Zip<br>02921  | City<br>Scituate                          | State<br>RI  | Zip<br>02857    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></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 <input type="checkbox"/></span>   |             |   |   |              |                 |
| This information is currently of record in the Department of State.   |             |   |   |              |                 |
| Changes require an additional filing.   |             |   |   |              |                 |
| NUMBER OF SHARES  |             | CLASS/SERIES  |   | PAR VALUE    |                 |
| 200 Shares  |             | 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<br>Justin A Parrillo  |             |   |   |              | Date<br>1/28/24 |
| Signature of Authorized Representative  |             |   |   |              |                 |

MAIL TO:  
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