



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.

FILED

FEB 05 2024

*[Handwritten signature]*

1. Entity ID Number 000102045		2. Exact name of the Corporation JIF ETCETERA , ETC , INC			
3. Principal Office Address 1117 MAIN STREET			City COVENTRY	State RI	Zip 02816
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island FLORAL SHOP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EDWARD R. IANNOTTI			Vice-President Name NONE		
Street Address 200 MACARTHUR BLVD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name EDWARD R. IANNOTTI			Treasurer Name EDWARD R. IANNOTTI		
Street Address 200 MACARTHUR BLVD			Street Address 200 MACARTHUR BLVD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name EDWARD R. IANNOTTI			Director Name NONE		
Street Address 200 MACTHUR BLVD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name NONE			Director Name NONE		
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
			100	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.					
<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 EDWARD R. IANNOTTI					Date 2/1/2024
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street Providence Rhode Island 02904-2615