RI SOS Filing Number: 202446716240 Date: 2/14/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FEB 14 2024
06610

→ 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	2. Exact name of the Corporation
73103	J.I.F. INVESTMENT CO., INC.

3. Principal Office Address	City	State	Zip
P.O. BOX 156	CUMBERLAND	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	REAL ESTATE HOLDING, DEVELOPMENT AND FINANCING
5. State of Incorporation	
RHODE ISLAND	

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

President Name	Vice-President Name
JOSEPH I. FERREIRA	
Street Address: 11 GLADDING DRIVE	Street Address:
City: CUMBERLAND State: RI Zip: 02864	City: State: Zip:
Secretary Name: JOSEPH I. FERREIRA	Treasurer Name: MARIA M. COSTA
Street Address: 11 GLADDING DRIVE	Street Address: P.O. BOX 156
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864

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

Director Name	Director Name
JOSEPH I. FERREIRA	
Street Address: 11 GLADDING DRIVE	Street Address:
City: CUMBERLAND State: RI Zip: 02864	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
100	COMMON	$0.00

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: JOSEPH I. FERREIRA

Date: 2/6/24

Signature of Authorized Representative: Joseph I. Ferreira

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: 12/2023