



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.

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1. Entity ID Number <b>000044167</b>		2. Exact name of the Corporation <b>JENEET, INC.</b>	
3. Principal Office Address <b>303 KILVERT STREET</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>339999</b>	6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURING OF MISCELLANEOUS TEFLON PRODUCTS.</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>TIMOTHY W. WALSH</b>		Vice-President Name <b>TIMOTHY W. WALSH</b>	
Street Address <b>303 KILVERT STREET</b>		Street Address <b>303 KILVERT STREET</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>
			State <b>RI</b>
			Zip <b>02886</b>
Secretary Name <b>TIMOTHY W. WALSH</b>		Treasurer Name <b>TIMOTHY W. WALSH</b>	
Street Address <b>same</b>		Street Address <b>same</b>	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>TIMOTHY W. WALSH</b>		Director Name <b>NONE</b>	
Street Address <b>303 KILVERT STREET</b>		Street Address	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City
			State
			Zip
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		500	COMMON A
		4500	COMMON B
			PAR VALUE
			\$0.00
			\$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. <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 <b>TIMOTHY W. WALSH, PRESIDENT</b>		Date <b>2/12/24</b>	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov