, RI SOS Filin	g Number: 20	2448202750	Date: 3/4	4/2024 4:00:00 F	'M		
Annual Report for the yea	rtment of State - Business Services Division				FILED MAR 0 4 2024		
Corporation → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25.	5.00 fee if form is no			<u></u>	BY	257	
1. Entity ID Number 68286	2. Exact name	2. Exact name of the Corporation JennTech, Inc. Internet Services					
3. Principal Office Address 18 Hemlock	City Exeter		State RI	Zip 02822			
4. NAICS Code	6. Brief descr	ription of the charac	ter of business	s conducted in Rhode I	sland		
517311 5. State of Incorporation Rhode Island	ľ	Internet Services					
7. List ALL officers (names and	d address <u>es)</u>			Check the bi	ox to indicate ar	attachment 🔲	
President Name	President Name Keith Jennison			Vice-President Name Susan Jennison			
Street Address 18 Hemlock Drive			Street Addre				
^{City} Exeter	State RI	^{Zıp} 02822	City Exete	 er	State RI	Zip 02822	
Secretary Name Susan Jenr	Treasurer N	<u> </u>					
Street Address 18 Hemlock drive			Street Addre	ess 18 Hemlock Di		· · · · · · · · · · · · · · · · · · ·	
^{City} Exeter	State RI	^{Zip} 02822	City Exet	er	State RI	^{Z_{ip}} 02822	
B. List ALL directors (names an Director Name)	nd addresses)			Check the br	ox to indicate ar	n attachment 🔲	
Director Name Keith Jennis	on		Director Nan Street Addre	Susan Jenniso	n		
	18 Hemiock Drive				rive		
City Exeter	State RI	^{Zip} 02822	City Exet		State RI	^{Z_{ip}} 02822	
Director Name	Director Name			Director Name			
Street Address			Street Addre	Street Address			
City	State	Zip	City	-	State	Zıp	
9. Shares Authorized This information is currently of re		10. Shares Issu		Check the b	ox to indicate a	n attachment 🔲	
This information is currently of re	ecord in the	NUMBER OF	NUMBER OF SHARES CLASSISTER			PAR VALUE	
Changes require an additional filing.		200	200		Common None		
11. This report must be execute	od on behalf of the	competition by an a		and the same		d f a - a	
ceiver or trustee, this report mu	<u>ust be executed on t</u>	behalf of the corpora	ation by the re	eceiver or trustee.			
Under penalty of perjury, I de	eclare and affirm th	hat I have examine	ed this report,	including any accom	panying sched	dules and	
statements, and that all state. Name of Authorized Represent		herein are true and	i correct.	_	Date /		
Keith Jennison					2/2	1/24	

MAIL TO:

Signature of Authorized Representative

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov