



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**

MAR 15 2024

BY 0223

1. Entity ID Number <b>82352</b>		2. Exact name of the Corporation <b>J.H.C., INC.</b>	
3. Principal Office Address <b>1676 EAST MAIN ROAD</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>
		Zip <b>02871</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>ACQUISITION AND HOLDING, SELLING, LEASING, EXCHANGING OF REAL ESTATE</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>JOHN W. CORBISHLEY</b>		Vice-President Name <b>LORI B. CORBISHLEY</b>	
Street Address <b>1676 EAST MAIN ROAD</b>		Street Address <b>1676 EAST MAIN ROAD</b>	
City <b>PORTSMOUTH</b>	State <b>RI</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02871</b>	
Secretary Name <b>LORI B. CORBISHLEY</b>		Treasurer Name <b>LORI B. CORBISHLEY</b>	
Street Address <b>1676 EAST MAIN ROAD</b>		Street Address <b>1676 EAST MAIN ROAD</b>	
City <b>PORTSMOUTH</b>	State <b>RI</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02871</b>	
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>N/A</b>		Director Name <b>N/A</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>N/A</b>		Director Name <b>N/A</b>	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<b>150</b>	<b>COMMON</b>
			<b>NO PAR</b>
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>LORI B. CORBISHLEY, SECRETARY/TREASURER</b>			Date <b>03/07/24</b>
Signature of Authorized Representative 			

MAIL TO:

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