



**State of Rhode Island
Department of State - Business Services Division**

FILED

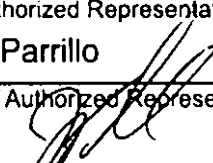
Annual Report for the year: 2025

JAN 30 2025

Corporation _____

BY 1700 *or*

- 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 000553480		2. Exact name of the Corporation JT Associates, Inc			
3. Principal Office Address 57 John Street			City Johnston	State RI	Zip 02919
4. NAICS Code 493190		6. Brief description of the character of business conducted in Rhode Island Leasing storage containers			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Justin A Parrillo			Vice-President Name Thomas Scorpio III		
Street Address 212 Elmdale Road			Street Address 1070 Scituate Avenue		
City Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02921
Secretary Name Thomas Scorpio III			Treasurer Name Justin A Parrillo		
Street Address 1070 Scituate Avenue			Street Address 212 Elmdale Road		
City Cranston	State RI	Zip 02921	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200 Shares		Common	
				No Par Value	
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 Justin A Parrillo					Date 1/27/25
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