



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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 4 2025
STAMP

1. Entity ID Number 000115142		2. Exact name of the Corporation J.G. WORLD TRAVEL AND FINANCIAL SERVICES INC			
3. Principal Office Address 440 DEXTER ST			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island PROVIDE RELATED FINANCIAL SERVICES INCLUDING LICENSED CHECK CASHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TERESA MUNOZ			Vice-President Name X		
Street Address 3 FARRINGTON LANE			Street Address		
City CANTON	State MA	Zip 02021	City	State	Zip
Secretary Name REBECCA FRANCO			Treasurer Name REBECCA A FRANCO		
Street Address			Street Address 275 POCASETT AVE		
City	State	Zip	City PROV	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TERESA MUNOZ			Director Name REBECCA FRANCO		
Street Address 3 FARRINGTON LANE			Street Address 275 POCASETT AVE		
City CANTON	State MA	Zip 02021	City PROV	State RI	Zip 02909
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		PAR VALUE
			- 0 -	COMMON	NO PAR
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 ATTORNEY THOMAS A HANLEY				FILED	Date 2/24/2025
Signature of Authorized Representative <i>Thomas A Hanley Esq.</i>				MAR 04 2025 PNVSL	

MAIL TO:

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Website: www.sos.ri.gov