RI SOS Filing Number: 202566666520 Date: 3/5/2025 4:00:00 PM .



## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

Filing Fee: \$50.00

FILED -
MAR U 5 2025
BY 3400

Penalty: Additional \$25.00     Entity ID Number		tee if form is not filed by May 31.					
68286		2. Exact name of the Corporation  JennTech, Inc. Internet Services					
	Jennie	IIIC		UC3	Total	<b>I</b> →:	
3. Principal Office Address  18 Hemlock			City Exeter		State RI	Zip 02822	
						02022	
517311	o Brief desci	6 Brief description of the character of business conducted in Rhode Island					
	Internet S	Internet Services					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment			
Keith Jennison			Vice-President Name Susan Jennison				
Street Address 18 Hemlock Drive			Street Address 18 Hemlock Drive				
City Exeter	State RI	Zip 02822	City Exet	er	State RI	Zip 02822	
Sacratan, Nama		1	Treasurer 1	lance		102022	
Susan Jennison			Keith Jennison				
Street Address 18 Hemlock drive			ŀ	Street Address 18 Hemlock Drive			
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	<sup>City</sup> Exeter		State RI	Zip 02822	
List ALL directors (names and addresses)				Check the box to indicate an attachment □			
Director Name Keith Jennison			Director Name Susan Jennison				
Street Address 18 Hemlock Drive			Street Address 18 Hemlock Drive				
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	<sup>City</sup> Exeter		State RI	Zip 02822	
Director Name	<u> </u>		Director Na				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issu	led .	Chark tha h	nov to indicate	an attachment 🗆	
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		Check the box to indicate an attachment CLASSISERIES PAR VALUE		
		200		Common		None	
			-				
11. This report must be executed	on behalf of the	corporation by an ai	uthorized rep	l resentative, If the coroo	ration is in the	hands of a re-	
ceiver or trustee, this report must	be executed on	behalf of the corpor	ation by the r	eceiver or trustee.			
Under penalty of perjury, I deci statements, and that all statem				t, including any accon	npanying sch	edules and I	
Name of Authorized Representative Date						1/1/	
Keith Jennison					2	13/25	
Signature of Authorized Represen	ntative				7	<del>,</del>	
Ton for	·						
MAIL TO:							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov