



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
→ Penalty Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 28 2025
BY 40580 R

1. Entity ID Number 61676		2. Exact name of the Corporation JJI International, Inc.	
3. Principal Office Address 1 Weingeroff Blvd.		City Cranston	State RI
		Zip 02910	
4. NAICS Code 318990	6. Brief description of the character of business conducted in Rhode Island Design, manufacture, distribute jewelry gifts and associated products.		
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 Lisa Weingeroff		Vice-President Name R. Dale Kincaid	
Street Address 1 Weingeroff Blvd.		Street Address 1 Weingeroff Blvd.	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name R. Dale Kincaid		Treasurer Name Lisa Weingeroff	
Street Address 1 Weingeroff Blvd.		Street Address 1 Weingeroff Blvd.	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 200	
Changes require an additional filing.		CLASS/SERIES Common	
		PAR VALUE 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 Lisa Weingeroff			Date 02.05.25
Signature of Authorized Representative			

MAIL TO
Division of Business Services
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Website: www.sos.ri.gov