RI SOS Filing Number: 202568949090 Date: 4/2/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

APR:02:2025>

Cherry

BY 5969

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.

1. Entity ID Number 000044167	2. Exact name of the Corporation JENEET, INC.							
3. Principal Office Address 303 KILVERT STREET			City	K	State Zip		86	
4. NAICS Code	6. Brief description	on of the characte	r of business o	onducted in Rhode Isla	and			
339999	MANUFACTURING OF MISCELLANEOUS TEFLON PRODUCTS.							
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names and addresses) Check the box to indicate an attachment							chment 🗖	
President Name TIMOTHY W. WALSH			Vice-President Name TIMOTHY W. WALSH					
Street Address 303 KILVERT STREET			Street Address 303 KILVERT STREET					
^{City} WARWICK	State RI	^{Zip} 02886	^{City} WARWICK		State RI	Z ₁ p 02	2886	
Secretary Name TIMOTHY W. WALSH			Treasurer Name TIMOTHY W. WALSH					
Street Address same			Street Address same					
City	State	Zıp	City		State	Zıp		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name TIMOTHY W. WALSH			Director Name NONE					
Street Address 303 KILVERT STREET			Street Address					
City WARWICK	State RI	^{Zip} 02886	City		State	Zıp		
Director Name NONE			Director Name NONE					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		COMMON A \$		\$0.00	PAR VALUE	
Changes require an additional filing.		4500		COMMON B	COMMON B \$0.		00	
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 Date								
TIMOTHY W. WALSH, PRESIDENT 5 13 13035								
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