State of Rhode Island
Department of State - Business Services Division

FILED
APR 02 2025
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	2. Exact name of the Corporation			
000044167	JENEET, INC.			
3. Principal Office Address		City	State	Zip
303 KILVERT STREET		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
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 ☐

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	Zip: 02886
Secretary Name: TIMOTHY W. WALSH			Treasurer Name: TIMOTHY W. WALSH		
Street Address: same			Street Address: same		
City	State	Zip	City	State	Zip

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	Zip
Director Name: NONE			Director Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

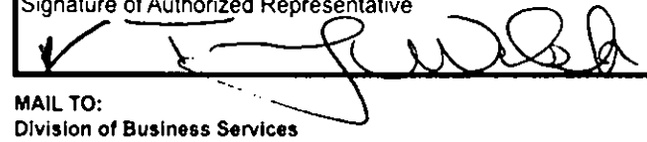
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON A	$0.00
4500	COMMON B	$0.00

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	3/2/2025

Signature of Authorized Representative



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

FORM 630 - Revised: 11/2021