



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
STAMP**

APR 10 2025



BY 3992

1. Entity ID Number 000125852		2. Exact name of the Corporation JMA, INC			
3. Principal Office Address 393 Charles Street			City Providence	State RI	Zip 02909
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To engage in the operation and running of a restaurant, including food services, preparation, entertainment.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Aloisio			Vice-President Name Joseph Aloisio		
Street Address 393 Charles Street			Street Address 393 Charles Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Joseph Aloisio			Treasurer Name Joseph Aloisio		
Street Address 393 Charles Street			Street Address 393 Charles Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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	Zip	City	State	Zip
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		
			1000		
			common		
			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					Date 3/18/25
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