



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 95517		2. Exact name of the Corporation Jackvony & Jackvony, Inc.		
3. Principal office address 126 Forestwood Drive		City North Providence	State R.I.	Zip 02904
4. Business Phone No. 401-270-2053		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Lawyers Office				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Louis V. Jackvony, Jr.		Vice-President Name Marilyn A. Jackvony		
Street Address 126 Forestwood Drive		Street Address 126 Forestwood Drive		
City North Providence	State R.I.	Zip 02904	City North Providence	State R.I.
Secretary Name Marilyn A. Jackvony		Treasurer Name Louis V. Jackvony, Jr.		
Street Address 126 Forestwood Drive		Street Address 126 Forestwood Drive		
City North Providence	State R.I.	Zip 02904	City North Providence	State R.I.
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Louis V. Jackvony, Jr.		Director Name Marilyn A. Jackvony		
Street Address 126 Forestwood Drive		Street Address 126 Forestwood Drive		
City North Providence	State	Zip	City North Providence	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	common	no par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

FEB 25 2015

6873

Louis V. Jackvony, Jr.
 Signature of Authorized Representative _____ Date _____

Louis V. Jackvony, Jr. 2-10-15

Print or Type Name of Authorized Representative