



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 111383		2. Exact name of the Corporation JAMIEL COURT REPORTING, INC			
3. Principal Office Address C/O HEIDI JAMIEL 429 MAIN STREET			City WARREN	State RI	Zip 02885
4. NAICS Code 92 - Public Administration		6. Brief description of the character of business conducted in Rhode Island COURT STENOGRAPHY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HEIDI JAMIEL			Vice-President Name		
Street Address 429 MAIN STREET			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	None
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 <i>Heidi H. Jamiel</i>				Date <i>2/13/17</i>	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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