



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

Annual Report for the year: 2016
Corporation

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

1. Entity ID Number 00798988		2. Exact name of the Corporation JL Consulting Services Co.			
3. Principal Office Address 10 Chestnut Street		City North Providence		State RI	Zip 02904
4. NAICS Code 81 - Other Services (except Put		6. Brief description of the character of business conducted in Rhode Island Consulting Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Lyons			Vice-President Name James Lyons		
Street Address 10 Chestnut Street			Street Address 10 Chestnut Street		
City North Providence		State RI	Zip 02904	City North Providence	
State RI		Zip 02904		State RI	
Zip 02904		City North Providence		State RI	
City North Providence		State RI		Zip 02904	
Secretary Name James Lyons			Treasurer Name James Lyons		
Street Address 10 Chestnut Street			Street Address 10 Chestnut Street		
City North Providence		State RI	Zip 02904	City North Providence	
State RI		Zip 02904		State RI	
Zip 02904		City North Providence		State RI	
City North Providence		State RI		Zip 02904	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Lyons			Director Name		
Street Address 10 Chestnut Street			Street Address		
City North Providence		State RI	Zip 02904	City	
State RI		Zip 02904		State	
Zip 02904		City		State	
City		State		Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
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
			1,000	STK	\$0.01
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. <i>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.</i>					
Name of Authorized Representative James Lyons				Date 2/24/17	
Signature of Authorized Representative <i>James Lyons</i>				SIGN DOCUMENT HERE FILED FEB 27 2017 11:21 BY u 246538	

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 R.I. DEPT. OF STATE
 BUS. SVCS DIV
 2017 FEB 27 AM 11:20

MAIL TO:
 Division of Business Services
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