



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2018
 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 000117489		2. Exact name of the Corporation N. JACKSON CONSTRUCTION, INC.			
3. Principal Office Address 83 Water Street			City Warren	State RI	Zip 02885
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing Construction of all types including Residential and Commercial, Construction and Renovations of all types.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Noel E. Jackson			Vice-President Name Noel E. Jackson		
Street Address 83 Water Street			Street Address 83 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Noel E. Jackson			Treasurer Name Noel E. Jackson		
Street Address 83 Water Street			Street Address 83 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Noel E. Jackson			Director Name		
Street Address 83 Water Street			Street Address		
City Warren	State RI	Zip 02885	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	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 Noel E. Jackson				Date 1/23/17	
Signature of Authorized Representative <i>Noel Jackson</i>			SIGN DOCUMENT HERE		

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

FILED *e*
 JAN 25 2018
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