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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

> Panelty: Additional \$25.00 fee if form is not filed by April 1

Penalty: Additional \$25.00						
Entity ID Number	2. Exact name of the Corporation					
001676989	Jessica Contracting, Inc.					
3. Principal Office Address			City		State	Zip
224 Cove Avenue			Warwick		RI	02889
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island					
238300	Paint Contractor					
5. State of Incorporation						
Rhode Island						
7. List ALL officers (names and ac	ddresses)				he box to ir	ndicate an attachment 🔲
President Name Jessica E. O'Neil			Vice-President Name			
Street Address 224 Cove Avenue			Street Address			
City Warwick	State RI	ZIP 02889	City		State	Zip
Secretary Name Jessica E. O'Neil			Treasurer Name Jessica E. O'Neil			
Street Address 224 Cove Avenue			Street Address 224 Cove Avenue			
City Warwick	State RI	Zip 02889	City Warwick		State RI Zip 02889	
8 List ALL directors (names and	addresses)				the box to i	ndicate an attachment 🔲
Director Name			Director Name			
Street Address			Street Address			
					Tair	
City	State	Zıp	City		State	Zıp
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	<u> </u>	State	Zip
9 Shares Authorized		10. Shares Is:	sued Check the box to indic		ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBER C		CLASS/SERIES PAR VALUE		
		100	,	Common		\$100.00
						
11. This report must be executed trustee, this report must be executed	on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in	the hands of a receiver or
Under penalty of perjury, I dec statements, and that all statem	lare and affirm	that I have examir	ned this report, is	ncluding any accon	npanying s	chedules and
Name of Authorized Representat		Date				
Jessica E. O'Neil	2	:08pm	2/9	1/2018		
Signature of Authorized Represe	ntative			•		
LX SOP	<u> </u>	SIGN DO	CUMENT	LED		<u>. </u>

MAIL TO: Division of Business Services

148 W. River Steet, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 6 2018

FORM 630 - Revised: 10/2017