



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

Att. Jenkins

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 98608		2. Exact name of the Corporation Richard Jenkins, Inc.				
3. Principal Office Address 125 Hartshorn Rd			City Providence	State RI	Zip 02906	
4. NAICS Code 711510 - Performing Artist		6. Brief description of the character of business conducted in Rhode Island Stage and Screen Performing Artist				
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 Richard Jenkins			Vice-President Name			
Street Address 125 Hartshorn Rd			Street Address			
City Providence	State RI	Zip 02906	City	State	Zip	
Secretary Name Richard Jenkins			Treasurer Name Richard Jenkins			
Street Address 125 Hartshorn Rd			Street Address 125 Hartshorn Rd			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Richard Jenkins			Director Name			
Street Address 125 Hartshorn Rd			Street Address			
City Providence	State RI	Zip 02906	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	
		1000		Com	No Par	
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 Richard Jenkins					Date 1/23/18	
Signature of Authorized Representative <i>Robert Jenkins</i>						

FILED

FEB 16 2018

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.n.gov