RI SOS Filing Number: 201858891950 Date: 2/20/2018 4:00:00 PM

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POPE

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00							
1. Entity ID Number	2. Exact name of the Corporation						
22948	Warren Jagger Photography, Inc.						
3. Principal Office Address			City		State	Zip	
PO Box 603330			Providence	9	RI	02906	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
541922	Photography						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and a	ddresses)	_			he box to in	dicate an attachment	
President Name Warren Jagger			Vice-President Name Janet Jagger				
Street Address PO Box 603330	Street Address PO Box 603330						
City Providence	State RI	^{Zip} 02906	City Providence		State RI Zip 02906		
Secretary Name Janet Jagger			Treasurer Name Warren Jagger				
Street Address PO Box 603330			Street Address PO Box 603330				
City Providence	State RI	Zip 02906 、	City Provide	ence	State RI	Zip 02906	
8. List ALL directors (names and	addresses)	•	V =		the box to in	dicate an attachment	
Director Name Warren Jagger			Director Name Janet Jagger				
Street Address PO Box 603330			Street Address PO Box 603330				
City Providence	State RI	Zip 02906	City Providence		State RI	^{Zip} 02906	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES			
		100		Common		No Par	
						_	
11. This report must be executed	on behalf of the	corporation by an a	authorized repre	I sentative. If the corpor	ation is in th	ne hands of a receiver or	
trustee, this report must be execu	ited on behalf of	the corporation by	the receiver or t	rustee			
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 Date							
Warren Jagger, President 28 2018							
Signature of Authorized Represei	Marke Name	SIGN DO	CUMENT H	LED OV	,	1	
550 3.0.2019							

MAIL TO:

MAIL TO:
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov