

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: **2019**
Corporation

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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 001676989		2. Exact name of the Corporation Jessica Contracting, Inc.			
3. Principal Office Address 224 Cove Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 238300	6. Brief description of the character of business conducted in Rhode Island Paint Contractor				
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 Jessica E. O'Neil			Vice-President Name Stephen J. O'Neil		
Street Address 224 Cove Avenue			Street Address 9 Sykes Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
Secretary Name Jessica E. O'Neil			Treasurer Name Stephen J. O'Neil		
Street Address 224 Cove Avenue			Street Address 9 Sykes Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				\$100.00	
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 Jessica E. O'Neil				Date 1/22/19	
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 10/2017

BY CH 62425