



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

FEB 24 2020

BY

3820 DS

| 1. Entity ID Number 324195 | | 2. Exact name of the Corporation Bernard A. Jackvony PC | | | | | | | | | | | | |
|--|-----------------|---|---|--------------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 1301 Atwood Avenue, Suite 215N | | | City Johnston | State RI | Zip 02919 | | | | | | | | | |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island Practice of Law | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Bernard A. Jackvony | | | Vice-President Name None | | | | | | | | | | | |
| Street Address 1301 Atwood Avenue, Suite 215N | | | Street Address | | | | | | | | | | | |
| City Johnston | State RI | Zip 02919 | City | State | Zip | | | | | | | | | |
| Secretary Name Bernard A. Jackvony | | | Treasurer Name Bernard A. Jackvony | | | | | | | | | | | |
| Street Address 1301 Atwood Avenue, Suite 215N | | | Street Address 1301 Atwood Avenue, Suite 215N | | | | | | | | | | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name None | | | 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 | | | 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. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | common | \$0.01 | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 100 | common | \$0.01 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Bernard A. Jackvony | | | | Date 2/20/2020 | | | | | | | | | | |
| Signature of Authorized Representative | | | | 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