State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FEB 19 2021
B - 18975 DS

1. Entity ID Number	2. Exact name of the Corporation		
1664120	Jolley Precast, Inc.		
3. Principal Office Address	City	State	Zip
463 Putnam Road	Danielson	CT	06239
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
327390	To sell and install concrete steps and bulkheads which we manufacture		
5. State of Incorporation			
CT			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Dennis P. Jolley	4 Plainview Drive	Danielson	CT	06239

Vice-President Name	Street Address	City	State	Zip
David Jolley	477 Putnam Road	Danielson	CT	06239

Secretary Name	Street Address	City	State	Zip
Brenda Vincent	145 Kinne Road	Canterbury	CT	06331

Treasurer Name	Street Address	City	State	Zip
Eleanor P. Jolley	463 Putnam Road	Danielson	CT	06239

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	5,000	CWP	$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	Date
Eleanor P. Jolley	X 2/16/2021

Signature of Authorized Representative

X Eleanor P. Jolley

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov