



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: **2023**
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

DEC 08 2022

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 DEPT. OF STATE
 BUS SVCS DIV

2022 DEC -8 PM 2:05

1. Entity ID Number 001718525		2. Exact name of the Corporation Jacob's Oil Tank Removal Inc.			
3. Principal Office Address 20 Wilcox Street			City Warwick		State RI
			Zip 02889		
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Oil Tank Removal			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Norman R. Jacobs			Vice-President Name Norman R. Jacobs		
Street Address 20 Wilcox Street			Street Address 20 Wilcox Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Norman R. Jacobs			Treasurer Name Norman R. Jacobs		
Street Address 20 Wilcox Street			Street Address 20 Wilcox Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/STRIKES
			1000		Common
					No Par
					PAR VALUE 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 Norman R. Jacobs, President					Date 12/5/2022
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