



State of Rhode Island

Department of State - Business Services Division

STAMP

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.

RECEIVED
FOR SECRETARY OF STATE
USF ONLY
RI DEPT. OF STATE
BUSINESS DIV.

2023 FEB 14 A 11:07

1. Entity ID Number 001700435		2. Exact name of the Corporation JMR Adjustment Service, Inc.			
3. Principal Office Address 91 Main Street Unit 235A			City Warren	State RI	Zip 02885
4. NAICS Code 561440		6. Brief description of the character of business conducted in Rhode Island public adjustment services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jeffrey M. Richard			Vice-President Name		
Street Address 91 Main Street Unit 235A			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Jeffrey M. Richard			Treasurer Name Jeffrey M. Richard		
Street Address 91 Main Street Unit 235A			Street Address 91 Main Street Unit 235A		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100 Common with 0.01 Par			
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.					
<i>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.</i>					
Name of Authorized Representative Jeffrey M. Richard				Date 2/1/23	
Signature of Authorized Representative <i>Jeffrey M. Richard</i>					

FILED

FEB 14 2023

BY *[Signature]* 1070
11:07

MAIL TO:
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Website: www.sos.ri.gov