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state of Rhode Island

Department of State - Business Services Division

FILED

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Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

| → Penalty: Additional \$25 | 5.00 tee it form is n | ot filed by May 31. | | | _ | | | |
|--|-----------------------|--|--|---------------------|------------------------|---------------------------|--|--|
| 1. Entity ID Number 99794 | 1 | 2. Exact name of the Corporation JCE MUSIC, INC. | | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | | |
| 20 Leawood Drive | | | Cranston | | RI | 02920 | | |
| 4. NAICS Code | 6. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 711510 | To Provi | To Provide Musical Performances and Teaching | | | | | | |
| 5. State of Incorporation | | | | | | | | |
| 7. List ALL officers (names a | nd addresses) | | lve 5 | | eck the box to in | dicate an attachment 🔲 | | |
| President Name Joseph C. Esposito | | | Vice-President Name Joseph C. Esposito | | | | | |
| Street Address 20 Leawood Drive | | | Street Address 20 Leawood Drive | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City Cranston | | State RI | ^{Zip} 02920 | | |
| Secretary Name Joseph C. Esposito | | Treasurer Name Joseph C. Esposito | | | | | | |
| Street Address 20 Leawood Drive | | Street Address 20 Leawood Drive | | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City Cranst | ton | State RI | ^{Zip} 02920 | | |
| 8. List ALL directors (names | and addresses) | | | | eck the box to in | idicate an attachment 🔲 | | |
| Director Name | | | Director Name | • | | | | |
| Street Address | | | Street Address | 3 | | | | |
| City | State | Zip | City | | State | Zip | | |
| Director Name | | 1 | Director Name | • | • | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Žip | City | | State | Zip | | |
| 9. Shares Authorized | | 10. Shares Iss | | | | ndicate an attachment | | |
| This information is currently of record in the Department of State. | | | NUMBER OF SHARES | | CLASS/SERIES PAR VALUE | | | |
| Changes require an additional filling. | | 500 | | С | | NPV | | |
| Changes require an additional | i πiing. | | | | | | | |
| 11. This report must be exec | uted on behalf of th | e corporation by an a | authorized repres | sentative. If the c | orporation is in t | he hands of a receiver or | | |
| trustee, this report must be e | executed on behalf of | of the corporation by | the receiver or to | ustee. | | | | |
| Under penalty of perjury, I statements, and that all sta | | | | ncluoing any ac | companying st | enedules and | | |
| Name of Authorized Representative | | | | | Date | | | |
| Joseph C. Esposito | | | | 2/25/23 | | | | |
| Signature of Authorized Rep | | | | | - | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov