



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE.
BUS SVCS DIV2023 MAR -6 PM 3:06
STAMPAnnual 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.

1. Entity ID Number 1718246		2. Exact name of the Corporation LOUISA JACOBSON, INC.			
3. Principal Office Address PO BOX 778, C/O CRM			City NEW YORK	State NY	Zip 10013
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island ACTING SERVICES			
5. State of Incorporation NEW YORK					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LOUISA J. GUMMER			Vice-President Name		
Street Address PO BOX 778, C/O CRM			Street Address		
City NEW YORK	State NY	Zip 10013	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 LOUISA JACOBSON GUMMER					Date
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

FILED

MAR 06 2023
BY 8C42A
AA. 3:08pm

FORM 630 - Revised: 2/2023