



State of Rhode Island

Department of State - Business Services Division

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2023 MAR -6 PM 3:06 STAMP

Annual Report for the year: 2022
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 ☐														
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 ☐														
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	COMMON	NO 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. 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 														

FILED

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

MAR 06 2023
BY **8C42A**
A.A. 3:07 pm

FORM 630 - Revised: 2/2023