



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

ST 4137

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

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1. Entity ID Number 190983 90983		2. Exact name of the Corporation JMB MECHANICAL, INC.	
3. Principal Office Address 1008 PLAINFIELD STREET		City JOHNSTON	State RI
		Zip 02919	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island REPAIR AND/OR SERVICE HVAC EQUIPMENT		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JODIE BELLUCCI		Vice-President Name JOHN BELLUCCI	
Street Address 50 ITALY STREET		Street Address 3996 VIEW PATH	
City PROVIDENCE	State RI	Zip 02908	City THE VILLAGES
		State FL	Zip 32163
Secretary Name JODIE BELLUCCI		Treasurer Name JOHN BELLUCCI	
Street Address 50 ITALY STREET		Street Address 3996 VIEW PATH	
City PROVIDENCE	State RI	Zip 02908	City THE VILLAGES
		State FL	Zip 32163
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	
		143	Common
			None
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 JODIE BELLUCCI		Date 3-6-23	
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 07 2023
BY JY SGM/FP
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