



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

## 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  
DEPT. OF STATE  
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1. Entity ID Number <del>190983</del> <b>90983</b>		2. Exact name of the Corporation <b>JMB MECHANICAL, INC.</b>			
3. Principal Office Address <b>1008 PLAINFIELD STREET</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>REPAIR AND/OR SERVICE HVAC EQUIPMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JODIE BELLUCCI</b>			Vice-President Name <b>JOHN BELLUCCI</b>		
Street Address <b>50 ITALY STREET</b>			Street Address <b>3996 VIEW PATH</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>THE VILLAGES</b>	State <b>FL</b>	Zip <b>32163</b>
Secretary Name <b>JODIE BELLUCCI</b>			Treasurer Name <b>JOHN BELLUCCI</b>		
Street Address <b>50 ITALY STREET</b>			Street Address <b>3996 VIEW PATH</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>THE VILLAGES</b>	State <b>FL</b>	Zip <b>32163</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES <b>143</b>		CLASS/SERIES <b>Common</b>		PAR VALUE <b>None</b>	
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 <b>JODIE BELLUCCI</b>					Date <b>3-6-23</b>
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

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BY **SGMFP**  
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