

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

APR 26 2023

1727 *Dr*

- 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 000553484 | | 2. Exact name of the Corporation J L W MOVING COMPANY INC | | | | | |
| 3. Principal Office Address 50 WEBSTER STREET | | | City PAWTUCKET | State RI | Zip 02860 | | |
| 4. NAICS Code 484120 | | 6. Brief description of the character of business conducted in Rhode Island | | | | | |
| 5. State of Incorporation RI | | TRUCKING | | | | | |
| 7. List ALL officers (names and addresses) . | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| President Name JOHN WALSCHEK | | | Vice-President Name LISA WALASCHEK | | | | |
| Street Address 50 WEBSTER STREET | | | Street Address 50 WEBSTER STREET | | | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 | | |
| Secretary Name LISA WALASCHEK | | | Treasurer Name JOHN WALASCHEK | | | | |
| Street Address 50 WEBSTER STREET | | | Street Address 50 WEBSTER STREET | | | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 | | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| Director Name JOHN WALASCHEK | | | Director Name LISA WALASCHEK | | | | |
| Street Address 50 WEBSTER STREET | | | Street Address 50 WEBSTER STREET | | | | |
| City PAWTUCKET | State RI | Zip 02860 | City PAWTUCKET | State RI | Zip 02860 | | |
| 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 | |
| | | 100 | | COMMON | | | |
| | | | | | | | |
| 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 <i>John Walaschek</i> | | | | | | Date 4/20/23 | |
| Signature of Authorized Representative JOHN WALASCHEK | | | | | | | |

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