

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			
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
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 Website: www.sos.ri.gov