



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 11 2023

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1. Entity ID Number 72988		2. Exact name of the Corporation Jerry Lane Associates, Inc.			
3. Principal Office Address 39 Jerry Lane		City North Kingstown		State RI	Zip 02852
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Installation of fence, guardrail, site furnishing and playground structures			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John Burgess			Vice-President Name Gail Burgess		
Street Address 39 Jerry Lane			Street Address 39 Jerry Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name same as above			Treasurer Name same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name n/a			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 <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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
600					
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 John Burgess					Date 04/19/2023
Signature of Authorized Representative <i>John Burgess</i>					

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023