

State of Rhode Island

Department of State - Business Services Division al Report for the year: 2023

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP						
MAY 17 2023						
BY 1980 300 PAR						

1. Entity ID Number 000144942	1	2. Exact name of the Corporation J. L. Ricci, Ltd.					
3. Principal Office Address 15 Touro Street			City Newport		State	Zip 02840	
4. NAICS Code	6. Brief descr	intion of the charact				10000	
448310		Brief description of the character of business conducted in Rhode Island Retail Sale of Jewelry					
5. State of Incorporation	\dashv	, , , , , , , , , , , , , , , , , , , ,					
Rhode Island							
7. List ALL officers (riames and	d addresses)			Chec	k the box to indicate a	an attachment 🗀	
President Name Jessica Ricci			Vice-President Name Jessica Ricci				
Street Address 15 Touro Street			Street Address 15 Touro Street				
^{City} Newport	State RI	^{Zip} 02840	City Newport		State RI	Zip 02840	
Secretary Name Jessica Ricci			Treasurer Nar	Treasurer Name Jessica Ricci			
Street Address 15 Touro Street			Street Address 15 Touro Street				
^{City} Newport	State RI	^{Zip} 02840	City Newport		Stale RI	Zip 02840	
8. List ALL directors (names a	nd addresses)				k the box to indicate		
Director Name Jessica Ricci Director Name							
Street Address 15 Touro Street			Street Address				
City Newport	State RI	^{Z₁p} 02840	City		State	Zip	
Director Name	Director Name	Director Name					
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu	Check the		ck the box to indicate	an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF			C_ASS:SERIES PAR VALUE		
		None					
11. This report must be execut	ed on behalf of the	corporation by an a	uthorized repre	sentative. If the	e corporation is in the	hands of a re-	
ceiver or trustee, this report me Under penalty of perjury, I de						adulas and	
statements, and that all state	ements contained			including any	accompanying scir	edules allu	
Name of Authorized Representative					Date	Date	
Signature of Authorized Representative						723	
1	sentative				7	/	
MAILAN.					<u> </u>		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov