



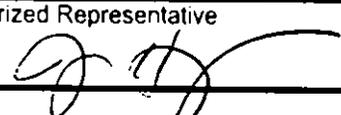
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

START  
MAY 19 2023  
4205

- 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 <b>001671936</b>		2. Exact name of the Corporation <b>JESSICA HAGEN FINE ART &amp; DESIGN, INC.</b>			
3. Principal Office Address <b>9A BRIDGE STREET</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>ART STUDIO</b>			
5. State of Incorporation <b>RI</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>JESSICA HAGEN</b>			Vice-President Name <b>SAME</b>		
Street Address <b>9A BRIDGE STREET</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
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 <b>NONE</b>			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		
			CLASS/SERIES		PAR VALUE
			<b>250</b>	<b>COMMON</b>	<b>\$1.00</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.					
<b>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.</b>					
Name of Authorized Representative <b>JESSICA HAGEN</b>				Date <b>2/18/2023</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov