



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>000437663</u>		2. Exact name of the Corporation <u>Jeanne's Printing</u> ²⁰²³ <u>MAY 30 P 1:41</u>	
3. Principal Office Address <u>805 Central Avenue</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>322230</u>		6. Brief description of the character of business conducted in Rhode Island <u>Printing; wholesale, Commercial, Copying</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jeanne Salisbury</u>		Vice-President Name <u>Same</u> ←	
Street Address <u>11 Manchester Fm Road</u>		Street Address	
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>None Same</u> ↑		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES <u>1,000.00</u>	CLASS/SERIES <u>STK</u>
Changes require an additional filing.			PAR VALUE <u>0.0100</u>
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 <u>Jeanne Salisbury</u>			Date <u>5/30/23</u>
Signature of Authorized Representative <u>Jeanne Salisbury</u>			FILED

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

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BY 18F36V
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