RI SOS Filing Number: 202342251700 Date: 10/17/2023 10:28:00 AM



State of Rhode Island

Department of State - Business Services Division

STAMP

Corporation	:	۲٦				: ***	
Filing period: February 1 - May 1					the th	# Was Colors Colors	
→ Filing Fee: \$50.00		RECEIVED					
→ Penalty: Additional \$25.0	31.	R.I. DEPT. OF STATE					
Entity ID Number	2. Exact nai	me of the Corpor	ation		200 0 700	17.	
001680482	RJ Consu	ulting Inc.		707	3 OCT 17 A	∆ 10: 23	
3. Principal Office Address			City		State	Žip	
57 Thomas Leighton Blvd			Cumberland	d	RI	02864	
4. NAICS Code	6. Brief des	cription of the ch	aracter of business c	onducted in Rhode	Island	L	
541519	IT con	sultant					
5. State of Incorporation	 						
Rhode Island							
7. List ALL officers (names and	addresses)			Check the b	ox to indicate a	an attachment	
President Name Robert J Chesney			Vice-President	Vice-President Name			
Street Address			Stroot Address	None Street Address			
57 Thomas Leighton Blvd			Sileer Address)			
City Cumberland	State	Zip	City	·	Stato	Zip	
Secretary Name	RI	02864	Treasurer Nac	Treasurer Name			
None			11 easulei Ivaii	None			
Street Address			Street Address	Street Address			
City	Slate	Zip	City		State	Zip	
8. List ALL directors (names and	d addresses)			Check the t	ox to indicate:	an attachment 🔲	
Director Name			Director Name	•			
Street Address	40118		Street Address		None		
		_		<u>, </u>			
City	State	Zip	City	-	State	Zip	
Director Name			Director Name				
None				None			
Street Address			Street Address	3			
City	State	Zip	City		State	Zip	
9. Sharos Authorized		10 Shara	- leaved	Ob 1, 45	<u> </u>		
9. Shares Authorized This information is currently of re	scord in the	10. Shares	ER OF SHARES	Check the i		an attachment PAR VALUE	
Department of State. Changes require an additional filing.			0	CNA) A 0.0		
11. This report must be execute	d on behalf of th	e corporation by	an authorized renres	sentative If the corn	oration is in the	hands of a re-	
ceiver or trustee, this report mu	st be executed a	n behalf of the co	orporation by the rec	eiver or trustee.			
Under penalty of perjury, I de	clare and affirm	that I have exa	mined this report, i	ncluding any accor	mpanying sch	edules and	
statements, and that all states Name of Authorized Representa		<u>o nerein are tru</u>	e and correct.		Date		
Robert Chesn	とつ		√ F	ILED 1025		7-2023	
Signature of Authorized Repres	entative		007	1 7 0000		; -	
Who ces			001	17 2023			
MAIL TO: Division of Business Services			BY_[106-12			

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

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