RI SOS Filing Number: 202342251980 Date: 10/17/2023 10:27:00 AM\_



## State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year:	2022	_					
Corporation ————————————————————————————————————				RECEIVED			
→ Filing period: February 1 - → Filing Fee: \$50.00							
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				R.1.	DEPT. OF	STATE	
1. Entity ID Number		of the Corporatio			<del>us sves</del>	- Diff	
001680482	RJ Consultin	g Inc.		7973	OCT 17.	A 10: 23	
3. Principal Office Address			City		State	Zip	
57 Thomas Leighton Blvd			Cumber	land	RI	02864	
4. NAICS Code	6. Brief descrip	tion of the charac	cter of busines	s conducted in Rhode Isl	and		
541519	IT consult	ant					
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and add	dresses)	-		Check the ho	r to indicate	an attachment	
President Name			Vice-Presid	Vice-President Name			
Robert J Chesney				None			
Street Address 57 Thomas Leighton Blvd			Street Address				
City Cumberland	State	Zip	City		State	Zip	
	RI	02864	<u> </u>		<u> </u>	<u></u>	
Secretary Name None			Treasurer Name None				
Street Address			Street Add	ress			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)			Check the box	x to indicate	an attachment	
Director Name			Director Na				
None Street Address			None Street Address				
				.555			
City	State	Zip	City		State	Zip	
Director Name		11		Director Name		l	
None			None				
Street Address			Street Add	ress			
City	State	Zip	City		State	Zip	
9. Shares Authorized	!	10. Shares Iss	heus	Chack the bo	y to indicate	an attachment 🗖	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER O		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
		Ó		CNA		0.0	
			·				
11. This report must be executed o	n behalf of the co	orporation by an	authorized rep	resentative. If the corpora	ation is in the	e hands of a re-	
ceiver or trustee, this report must be	e executed on be	ehalf of the corpo	oration by the	receiver or trustee.			
Under penalty of perjury, I decia statements, and that all stateme	re and affirm the nts contained b	at I have examin	ed this repor	t, including any accomp	panying sch	nedules and	
Name of Authorized Representativ	e	ereni are true ar	ia correct.	<i>W</i>	Date	<u> </u>	
Robert Chesney	<b>,</b>			FILED (8)	10-1	7-2023	
Signature of Authorized Represent	ative			007			
Note ces				OCT 1 7 2023			
MAIL TO:				BY NOG-15	<b>&gt;</b>		
Division of Business Services 148 W. River Street, Providence, Rhode	s Island 02904-261	5					

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