RI SOS Filing Number: 202342252130 Date: 10/17/2023 10:26:00 AM_

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State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year:						ting Segmonal of Direct	
Filing period: February	(-x) + (4)						
→ Filing Fee: \$50.00		RECEIVED					
Penalty: Additional \$25.0	R.I. DEPT. OF STATE						
Entity ID Number	2. Exact nai	ne of the Corporation	on			₩ 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10	
001680482	RJ Consu	ulting Inc.		7073	OCT 17	A 10: 23	
Principal Office Address	-	•	City		State	Zip	
57 Thomas Leighton Blvd			Cumbertan	đ	RI	02864	
4. NAICS Code			cter of business o	conducted in Rhode Is	sland	. J	
541519	IT con	IT consultant					
5. State of Incorporation	_						
Rhode Island							
7. List ALL officers (names and	addresses)			Check the bo	ox to indicat	le an attachment 🗖	
President Name Robert J Chesney			Vice-Presiden	Vice-President Name			
Street Address	None Street Address						
57 Thomas Leighton Blvd			Once (Madied)				
City Cumberland	State	Zip	City		State	Zip	
Secretary Name	RI	02864	Treasurer Nas	Treasurer Name			
None	None						
Street Address			Street Address				
City	State	Zlp	City		State	Zip	
8. List ALL directors (names and	d addresses)			Check the bo	ox to indica	te an attachment	
Director Name	None		Director Name	•			
Street Address	None Streel Address						
			Sueet Address	•			
City	State	Zip	City	•	State	Zip	
Director Name None			Director Name None				
Street Address		-	Street Address	s			
City	State	Zip	City	_	State	17:-	
	Olate	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is				ite an attachment 🗀	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		0	0		CNA 0		
 This report must be execute ceiver or trustee, this report mu 	d on behalf of th	e corporation by an	authorized repres	sentative. If the corpo	ration is in	the hands of a re-	
Under penalty of perjury, I de	clare and affirm	that I have exami	ned this report, i	ncluding any accom	panying s	chedules and	
statements, and that all state	ments containe	d herein are true a	nd correct.	<u> </u>			
Name of Authorized Representa			\mathcal{V}	FILED DE	Date	17-2023	
Signature of Authorized Repres	entative	·		OCT 1 7 2023	1	· · · · · · · · · · · · · · · · · · ·	
Mose ces			ND 6-95				
MAIL TO:			U	1			

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

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