

State of Rhode Island

Department of State - Business Services Division

Department of State - Dusiness Services Division					SIAMP		
Annual Report for the year: Corporation -	the year: ZOZI				\$,0	ting Postar Gration	
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				R.I.	RECEIVED R.I. DEPT. OF STATE		
1. Entity ID Number	2. Exact name of		<u>. </u>		85 5765		
001680482	RJ Consulting	•	_		OCT 17 A	∆ 10: 23	
Principal Office Address			City		State	Zip	
57 Thomas Leighton Blvd			Cumberl	and	RI	02864	
4. NAICS Code			er of busines	s conducted in Rhode Isl	land	.	
541519	IT consultant						
5. State of Incorporation	1						
Rhode Island	Ī						
7. List ALL officers (names and ad	dresses)			Check the box	x to indicate a	n attachment 🗖	
President Name Robert J Chesney			Vice-Presid	Vice-President Name			
Street Address			None Street Address				
57 Thomas Leighton Blvd			Olicerradi				
City Cumberland	State RI	Zip 02864	City		State	Zip	
Secretary Name None			Treasurer Name None				
Street Address			Street Add	Street Address			
City	State	Zip	City	·	State	Zip	
8. List ALL directors (names and a	ddresses)			Check the bo	x to indicate a	n attachment	
Director Name None			Director Na	Director Name None			
Street Address			Street Add	ress			
City	State	Zip	City	•	State	Zip	
Director Name	None		Director Na	Director Name None			
Street Address				Street Address			
City	State	Zip	City	_	State	Zip	
9. Shares Authorized		10. Shares Issu	ied	Check the bo	x to indicate	an attachment 🗀	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES			
		0		CNA		0.0	
11. This report must be executed of	on behalf of the cor	rogration by an a	uthorized ren	vesentative. If the corner	ation is in the	hands of a ro	
ceiver or trustee, this report must I	<u>be executed on bel</u>	half of the corpor	ation by the	receiver or trustee.			
Under penalty of perjury, I decia statements, and that all stateme	re and affirm that	l have examine	ed this repor	t, including any accom	panying sch	edules and	
Name of Authorized Representative			FILEDO 26 Date				
Signature of Authorized Representative				OCT 1 8 0000	10-1	7-2023	
Model Co				OCT 17 2023			
year as			<u>.</u>	DV 1111 (-15			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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