

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	port for the year: 70				SIAWP		
Corporation						erig Segresale geletate	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31				R.1.	RECEIVED R.I. DEPT. OF STATE		
1. Entity ID Number		f the Corporation			US CH	3 5 51%	
001680482	RJ Consulting Inc.			7073	OCT 17	A 10: 23	
3. Principal Office Address	·	-	City		State	Zip	
57 Thomas Leighton Blvd			Cumber	tand	RI	02864	
4. NAICS Code	6. Brief descripti	ion of the charact	er of busines	s conducted in Rhode Is	land		
541519	IT consulta	int					
5. State of Incorporation	†						
Rhode Island							
7. List ALL officers (names and ad	dresses)			Check the bo	x to indica	ite an attachment	
President Name Robert J Chesney			Vice-President Name				
Street Address 57 Thomas Leighton Blvd			None Street Address				
City Cumberland	State	Zip	City		State	Zip	
Secretary Name	RI	02864	Treasurer	Nama		<u> </u>	
None			None				
Street Address	-		Street Add	ress			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	iddresses)			Check the bo	x to indica	ate an attachment 🗆	
Director Name None				Director Name None			
Street Address	Street Address						
City	State	Zip	City		State	Žip	
Director Name	None		Director Name		None		
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized	_l	10. Shares Issu	. L	Chack the ho	y to indic	ate an attachment F	
This information is currently of record in the		NUMBER OF SHARES_		CLASS/SERIES	Check the box to indicate a		
Department of State. Changes require an additional filing.		Ö		CNA		0.0	
11. This report must be executed of	on behalf of the co	rporation by an ai	uthorized rep	resentative. If the corpor	ation is in	the hands of a re-	
ceiver or trustee, this report must t	<u>be executed on be</u>	half of the corpora	ation by the	receiver or trustee.			
Under penalty of perjury, I decla statements, and that all stateme	<u>ints contained he</u>	t i nave examine <u>rein are true an</u> c	a tnis repoi i correct.	τ, including any accom	panying s	schedules and	
Name of Authorized Representativ	/e		- ^ ^	7-1024	Date	· .	
Signature of Authorized Representative			- V° FILED (10-17-2023		
Signature of Authorized Repression	lalive		C	OCT 1 7 2023			
MAIL TO:			BY	-NO6-95			

Division of Business Services

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

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