



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
23 OCT 30 PM 2:47:05

1. Entity ID Number 000055941		2. Exact name of the Corporation J CLASS MANAGEMENT, INC			
3. Principal Office Address 28 CHURCH STREET			City NEWPORT	State RI	Zip 02840
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island PROMOTE YACHTING AND YACHTING EVENT MANAGEMENT, PROJECT MANAGEMENT OF YACHTS AND HOMES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ELIZABETH E. MEYER			Vice-President Name MARCIA J FARIA		
Street Address 32 CHURCH STREET			Street Address 808 OLD FALL RIVER RD		
City NEWPORT	State RI	Zip 02840	City DARTMOUTH	State MA	Zip 02747
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name ELIZABETH E. MEYER			Director Name		
Street Address 32 CHURCH STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		100		0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative MARCIA J FARIA				Date 10/23/2023	
Signature of Authorized Representative <i>Marcia</i>				FILED	