



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

- 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 R.I. SOS BSD
 11/09/23 12:58:00
 STAMP

1. Entity ID Number 25403		2. Exact name of the Corporation JORDAN, APOSTAL, RITTER ASSOCIATES, INC.			
3. Principal Office Address 70 Romano Vineyard Way, Suite 122		City North Kingstown		State RI	Zip 02852
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island To operate an R&D firm specializing in creating and distributing numerical analysis software, including training support and technology transfer			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael C. Apostal		Vice-President Name Michael C. Apostal			
Street Address 52 Crosswyns Drive		Street Address 52 Crosswyns Drive			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Michael C. Apostal		Treasurer Name Michael C. Apostal			
Street Address 52 Crosswyns Drive		Street Address 52 Crosswyns Drive			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		300	Common	No Par	
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 Michael C. Apostal, President				Date 11/06/2023	
Signature of Authorized Representative <i>Michael C. Apostal</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

NOV 09 2023
BY *QWPGH*
A.A. 1:05 pm.