



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>001676989</u>		2. Exact name of the Corporation <u>JESSICA CONTRACTING, INC.</u>		2023 DEC 12 P 2 13	
3. Principal Office Address <u>224 LOVE AVE</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
4. NAICS Code <u>238300</u>		6. Brief description of the character of business conducted in Rhode Island <u>PAINTING CONTRACTOR</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>JESSICA E. O'NEIL</u>			Vice-President Name <u>JESSICA E. O'NEIL</u>		
Street Address <u>224 LOVE AVE</u>			Street Address <u>224 LOVE AVE</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
Secretary Name <u>JESSICA E. O'NEIL</u>			Treasurer Name <u>JESSICA E. O'NEIL</u>		
Street Address <u>224 LOVE AVE</u>			Street Address <u>224 LOVE AVE</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
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		
			<u>100</u>		
			<u>COMMON</u>		
			<u>100</u>		
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 <u>JESSICA E. O'NEIL</u>				Date <u>12/12/23</u>	
Signature of Authorized Representative 				DEC 12 2023	

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

BY FILED 213