



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.

**FILED STAMP**

FEB 05 2024

*[Handwritten signature]*

1. Entity ID Number <b>001701505</b>		2. Exact name of the Corporation <b>JEYCLA CORPORATION</b>		
3. Principal Office Address <b>724 BEVERAGE HILL AVE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>448190</b>	6. Brief description of the character of business conducted in Rhode Island <b>MARKETING CLOTHING INDUSTRY WHOLESALE</b>			
5. State of Incorporation <b>RI</b>				
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name		Vice-President Name		
Street Address		Street Address		
City	State	Zip	City	State
Secretary Name	Treasurer Name			
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>CLAUDIA E MORENO</b>		Director Name <b>JEAN P CHIN</b>		
Street Address <b>724 BEVERAGE HILL AVE</b>		Street Address <b>724 BEVERAGE HILL AVE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		
		CLASS/SERIES		
		PAR VALUE		
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. <b>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.</b>				
Name of Authorized Representative <b>CLAUDIA E MORENO</b>				Date <b>02/01/2024</b>
Signature of Authorized Representative <i>[Handwritten Signature]</i>				