



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

EX-10401

1. Entity ID Number 001701505		2. Exact name of the Corporation JEYCLA CORPORATION			
3. Principal Office Address 724 BEVERAGE HILL AVE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island MARKETING CLOTHING INDUSTRY WHOLESALE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 CLAUDIA E MORENO			Director Name JEAN P CHIN		
Street Address 724 BEVERAGE HILL AVE			Street Address 724 BEVERAGE HILL AVE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			7	0	0
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 CLAUDIA E MORENO				Date 02/01/2024	
Signature of Authorized Representative 					