



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

FEB 20 2024

BY

1. Entity ID Number 001664120		2. Exact name of the Corporation Jolley Precast, Inc.			
3. Principal Office Address 463 Putnam Road			City Danielson	State CT	Zip 06239
4. NAICS Code 327390		6. Brief description of the character of business conducted in Rhode Island To sell and install concrete steps and bulkheads which we manufacture.			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis P. Jolley			Vice-President Name William O. Jolley, Sr.		
Street Address 4 Plainview Drive			Street Address 42 Eight Lots Road		
City Danielson	State CT	Zip 06239	City Sutton	State MA	Zip 01590
Secretary Name Jill T. Herring			Treasurer Name Jill T. Herring		
Street Address 5 Andy Lane			Street Address 5 Andy Lane		
City Guilford	State CT	Zip 06437	City Guilford	State CT	Zip 06437
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis P. Jolley			Director Name William O. Jolley, Sr.		
Street Address 4 Plainview Drive			Street Address 42 Eight Lots Road		
City Danielson	State CT	Zip 06239	City Sutton	State MA	Zip 01590
Director Name Jill T. Herring			Director Name Mary Beth Jolley		
Street Address 5 Andy Lane			Street Address 195 Sterling Road		
City Guilford	State CT	Zip 06437	City Moosup	State CT	Zip 06354
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
		5,000	CWP	\$100.00	
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 Mary Beth Jolley					Date 02/08/2024
Signature of Authorized Representative 					

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