



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 23 2024

BY

Signature of authorized representative

1. Entity ID Number 000324195		2. Exact name of the Corporation Bernard A. Jackvony PC			
3. Principal Office Address 100 Pegwin Drive			City East Greenwich	State RI	Zip 02818
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bernard A. Jackvony			Vice-President Name None		
Street Address 100 Pegwin Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Bernard A. Jackvony			Treasurer Name Bernard A. Jackvony		
Street Address 100 Pegwin Drive			Street Address 100 Pegwin Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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
		100	common	\$0.01	
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 Bernard A. Jackvony					Date 16 Feb 24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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