RI SOS Filing Number: 202448200530 Date: 3/4/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 0 4 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000132224	Jennifer Neves Photography, Inc.

3. Principal Office Address	City	State	Zip
18 Sherman Avenue	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
641921	To engage in the business of providing photography services and the sale of photographic accessories and all other lawfully related services.
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jennifer A. Neves Bissonette			Vice-President Name: Jennifer A. Neves Bissonette		
Street Address: 18 Sherman Avenue			Street Address: 18 Sherman Avenue		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Jennifer A. Neves Bissonette			Treasurer Name: Jennifer A. Neves Bissonette		
Street Address: 18 Sherman Avenue			Street Address: 18 Sherman Avenue		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jennifer A. Neves Bissonette			Director Name		
Street Address: 18 Sherman Avenue			Street Address		
City: Bristol	State: RI	Zip: 02809	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	100	Common	no 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.

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	Date
Jennifer A. Neves Bissonette	2-20-24

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

FORM 630- Revised 12/2023