

## State of Rhode Island

## Department of State - Business Services Division

- C	p	••••	
innual	Report for the year:	2024	

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form i	is not filed by	/ May 31,
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<ul> <li>Penalty, Additional \$25.0</li> </ul>	o lee a lorm is no	taled by May 31.								
, Entity ID Number										
000132224	Jennifer	Neves Photo	ography,	graphy, Inc.						
3. Principal Office Address		City		State		Ζıρ				
18 Sherman Avenue		Bristol		RI		02809				
. NAICS Code				s conducted in Rhode I		-				
641921		To engage in the business of providing photography services and the sale								
State of Incorporation	of photogr	of photographic accessories and all other lawfully related services.								
7. List ALL officers (names and	addresses)		Istan Occard	Check the b						
President Name Jennifer A. 1	Vice-President Name Jennifer A. Neves Bissonette									
Street Address 18 Sherman		Street Address 18 Sherman Avenue								
<sup>City</sup> Bristol	State RI	<sup>Zıp</sup> 02809	<sup>City</sup> Bristol		State	RI	<sup>Zip</sup> 02809			
Secretary Name Jennifer A. I	Treasurer Name Jennifer A. Neves Bissonette									
Street Address 18 Sherman	Street Address 18 Sherman Avenue									
City Bristol	State RI	<sup>Z p</sup> 02809	City Bristol		S:ate	રા	02809			
8. List ALL directors (names an	d addresses)			Check the b	ox to indi	cate an at	achment 🗆			
Director Name Jennifer A. N	leves Bissonet	ite	Director Na	ome						
Street Address 18 Sherman Avenue			Street Address							
<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	City		State		Zip			
Director Name	, <u>, , , , , , , , , , , , , , , , , , </u>	Director Name								
Street Address		Street Address								
City	State	Ζp	City	·······················-	State		Zıp			
9. Shares Authorized		10. Shares Iss	ued		he box to indicate an attachm					
This information is currently of record in the		NUMBER OF SHARES		CLASS/SER ES		PAR \				
Department of State.		100		Common		no par	par value			
Changes require an additional filing.										
11. This report must be execute	ed on behalf of the	corporation by an a	authorized rep	presentative, if the corp	oration is	in the han	ds of a re-			
ceiver or trustee, this report mu Under penalty of perjury, I de	eclare and affirm t	hat I have examin	ed this repor	t, including any acco	mpanyin	g schedul	es and			
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date							ارم			
Jennifer A. Neves Bissonette  \$\lambda - 20 - 24\$							124			
Signature of Authorized Repres	sentative	<del></del>								

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gav **FILED**