



State of Rhode Island
Department of State - Business Services Division

STATE

RECORDED
14 MAR 2024 08:41:16
D05 BSD

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 000117489		2. Exact name of the Corporation N. JACKSON CONSTRUCTION, INC.			
3. Principal Office Address 83 Water Street			City Warren	State RI	Zip 02885
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing Construction of all types including Residential and Commercial, Construction and Renovations of all types.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Noel E. Jackson			Vice-President Name Noel E. Jackson		
Street Address 83 Water Street			Street Address 83 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Noel E. Jackson			Treasurer Name Noel E. Jackson		
Street Address 83 Water Street			Street Address 83 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Noel E. Jackson			Director Name		
Street Address 83 Water Street			Street Address		
City Warren	State RI	Zip 02885	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	
		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 Noel E. Jackson				Date	
Signature of Authorized Representative 				FILED	

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

FILED
MAR 08 2024
BY tw7em *ES*