



State of Rhode Island
Department of State - Business Services Division

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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 000107768		2. Exact name of the Corporation Jesse's Lawn Care, Inc.			
3. Principal Office Address 35 Capron Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Debra L. Calderon			Vice-President Name		
Street Address 35 Capron Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Debra L. Calderon			Treasurer Name Stephanie Calderon		
Street Address 35 Capron Road			Street Address 35 Capron Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 ☐		
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 Shares		
			0.01 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 Debra L. Calderon					Date
Signature of Authorized Representative 					FILED