



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

MAR 13 2024

BY 114504

| | | | |
|--|--|---|--------------------------------|
| 1. Entity ID Number <u>000072988</u> | | 2. Exact name of the Corporation <u>Jerry Lane Associates INC.</u> JERRY LANE ASSOC. INC. DBA KINGSTOWN SERVICES CO. | |
| 3. Principal Office Address <u>39 JERRY LANE</u> | | City <u>NORTH KINGSTOWN</u> | State <u>RI</u> |
| | | Zip <u>02852</u> | |
| 4. NAICS Code <u>238990</u> | 6. Brief description of the character of business conducted in Rhode Island <u>FENCES, GATES, PLAYGROUND EQUIPMENT (NO RESIDENTIAL) AND SMT FURNISHINGS</u> | | |
| 5. State of Incorporation <u>RHODE ISLAND</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>JOHN W BURGESS</u> | | Vice-President Name <u>N/A</u> | |
| Street Address <u>39 JERRY LANE</u> | | Street Address <u>-</u> | |
| City <u>NORTH KINGSTOWN</u> | State <u>RI</u> | Zip <u>02852</u> | City <u>-</u> |
| | | | State <u>-</u> |
| | | | Zip <u>-</u> |
| Secretary Name <u>JOHN W. BURGESS</u> | | Treasurer Name <u>JOHN W BURGESS</u> | |
| Street Address <u>39 JERRY</u> | | Street Address <u>39 JERRY LANE</u> | |
| City <u>NORTH KINGSTOWN</u> | State <u>RI</u> | Zip <u>02852</u> | City <u>NORTH KINGSTOWN</u> |
| | | | State <u>RI</u> |
| | | | Zip <u>02852</u> |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name <u>JOHN W. BURGESS</u> | | Director Name <u>N/A</u> | |
| Street Address <u>39 JERRY LANE</u> | | Street Address <u>-</u> | |
| City <u>NORTH KINGSTOWN</u> | State <u>RI</u> | Zip <u>02852</u> | City <u>-</u> |
| | | | State <u>-</u> |
| | | | Zip <u>-</u> |
| Director Name <u>N/A</u> | | Director Name <u>-</u> | |
| Street Address <u>-</u> | | Street Address <u>-</u> | |
| City <u>-</u> | State <u>-</u> | Zip <u>-</u> | City <u>-</u> |
| | | | State <u>-</u> |
| | | | Zip <u>-</u> |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES | CLASS/SERIES |
| | | <u>600</u> | <u>STK</u> |
| | | | <u>-0-</u> |
| 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 <u>JOHN W BURGESS</u> | | Date <u>3/18/2024</u> | |
| Signature of Authorized Representative <u>John W Burgess, President</u> | | | |

MAIL TO:
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