State of Rhode Island
Department of State - Business Services Division

FILED
MAR 13, 2024
BY 14504

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
000072988	Jerry Lane Associates, INC. ~~JERRY LANE ASSOC., INC. DBA KINGSTOWN SERVICES CO.~~

3. Principal Office Address	City	State	Zip
39 JERRY LANE	NORTH KINGSTOWN	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	FENCES, GATES, PLAYGROUND EQUIPMENT (NO RESIDENTIAL) AND SME FURNISHINGS
5. State of Incorporation: RHODE ISLAND	

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

President Name	Street Address	City	State	Zip
JOHN W BURGESS	39 JERRY LANE	NORTH KINGSTOWN	RI	02852

Vice-President Name	Street Address	City	State	Zip
N/A	—	—	—	—

Secretary Name	Street Address	City	State	Zip
JOHN W. BURGESS	39 JERRY	NORTH KINGSTOWN	RI	02852

Treasurer Name	Street Address	City	State	Zip
JOHN W BURGESS	39 JERRY LANE	NORTH KINGSTOWN	RI	02852

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

Director Name	Street Address	City	State	Zip
JOHN W. BURGESS	39 JERRY LANE	NORTH KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip
N/A	—	—	—	—

Director Name	Street Address	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
	600	STK	-0-

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
JOHN W BURGESS	3/18/2024

Signature of Authorized Representative
/ John W Burgess, PRESIDENT

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