



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

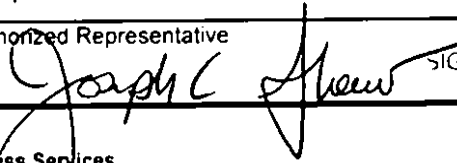
FILED

MAR 21 2024

BY 142

Annual Report for the year: **2024**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000123570		2. Exact name of the Corporation JCS ENTERPRISES, INC.			
3. Principal Office Address 620 Main Street, CU 3A		City East Greenwich		State RI	Zip 02818
4. NAICS Code 115310	6. Brief description of the character of business conducted in Rhode Island To Operate a Pest Control Business				
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 Joseph C. Shaw			Vice-President Name Joseph C. Shaw		
Street Address 14 Alhambra Circle			Street Address 14 Alhambra Circle		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Joseph C. Shaw			Treasurer Name Joseph C. Shaw		
Street Address 14 Alhambra Circle			Street Address 14 Alhambra Circle		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 <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		
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 Joseph C. Shaw, President				Date 3/8/2024	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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