



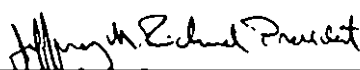
State of Rhode Island
Department of State - Business Services Division

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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 001700435			2. Exact name of the Corporation JMR Adjustment Service, Inc.		
3. Principal Office Address 91 Main Street, Unit 235A			City Warren	State RI	Zip 02885
4. NAICS Code 561440		6. Brief description of the character of business conducted in Rhode Island public adjustment services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jeffrey M. Richard			Vice-President Name		
Street Address 91 Main Street, Unit 235A			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Jeffrey M. Richard			Treasurer Name Jeffrey M. Richard		
Street Address 91 Main Street, Unit 235A			Street Address 91 Main Street, Unit 235A		
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 ☐					
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 Jeffrey M. Richard				Date 3/15/24	
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

MAR 26 2024
BY ML 1504

FORM 630 - Revised 04/2023