



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.

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1. Entity ID Number 000796303		2. Exact name of the Corporation JLJ ENTERPRISES, INC.	
3. Principal Office Address 268 WATERMAN STREET		City SMITHFIELD	State RI
		Zip 02917	
4. NAICS Code 811411	6. Brief description of the character of business conducted in Rhode Island HEATING/OIL BURNER SERVICES		
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 REBECCA L. JENKINS		Vice-President Name REBECCA JENKINS	
Street Address 268 WATERMAN STREET		Street Address 268 WATERMAN STREET	
City SMITHFIELD	State RI	City SMITHFIELD	State RI
Zip 02917		Zip 02917	
Secretary Name REBECCA JENKINS		Treasurer Name REBECCA JENKINS	
Street Address 268 WATERMAN STREET		Street Address 268 WATERMAN STREET	
City SMITHFIELD	State RI	City SMITHFIELD	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		PAR VALUE	
		100	COMMON
			NO 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 REBECCA L. JENKINS, PRESIDENT		Date 03/01/2024	
Signature of Authorized Representative <i>Rebecca L. Jenkins</i>		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

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