



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.

APR 08 2024 STAMP

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OFFICE OF THE
CLERK OF THE STATE
JULY 2024

1. Entity ID Number 001740020		2. Exact name of the Corporation JLW Consulting, Inc.			
3. Principal Office Address 125 Smith Avenue, Unit 6E		City Greenville		State RI	Zip 02828
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Asset property management			
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 Jacquelyn L. White			Vice-President Name Danielle J. Houle		
Street Address 125 Smith Avenue, Unit 6E			Street Address 520 Snake Hill Road		
City Greenville	State RI	Zip 02828	City North Scituate	State RI	Zip 02859
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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
			0		Common
			PAR VALUE		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 Jacquelyn L. White					Date 1/30/24
Signature of Authorized Representative 					

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: 11/2021