



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED STAMP

APR 11 2024

BY

2325 DS

1. Entity ID Number 000690308		2. Exact name of the Corporation JARED ROSSI, INC.												
3. Principal Office Address 11 LAKEWOOD DRIVE			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 23 - Construction <i>238320</i>		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PAINTING CONTRACTOR												
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 JARED A. ROSSI			Vice-President Name											
Street Address 11 LAKEWOOD DRIVE			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name			Treasurer Name JARED A. ROSSI											
Street Address			Street Address 11 LAKEWOOD DRIVE											
City	State	Zip	City JOHNSTON	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>														
Director Name JARED A. ROSSI			Director Name											
Street Address 11 LAKEWOOD DRIVE			Street Address											
City JOHNSTON	State RI	Zip 02919	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
			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 JARED A. ROSSI				Date 3-22-24										
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE										