



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 001735215		2. Exact name of the Corporation Jay Ammon Architect, Inc.			
3. Principal Office Address 126 S. Park Avenue Ste. A		City Winter Park		State FL	Zip 32789
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architectural Services			
5. State of Incorporation Florida					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jay Ammon			Vice-President Name Jay Ammon		
Street Address 3246 Lakeview Oaks Drive			Street Address 3246 Lakeview Oaks Drive		
City Longwood	State FL	Zip 32779	City Longwood	State FL	Zip 32779
Secretary Name Jay Ammon			Treasurer Name Jay Ammon		
Street Address 3246 Lakeview Oaks Drive			Street Address 3246 Lakeview Oaks Drive		
City Longwood	State FL	Zip 32779	City Longwood	State FL	Zip 32779
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Jay Ammon			Director Name None		
Street Address 3246 Lakeview Oaks Drive			Street Address		
City Longwood	State FL	Zip 32779	City	State	Zip
Director Name None			Director Name None		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 STK \$1.00		
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. <b>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.</b>					
Name of Authorized Representative Jay Ammon					Date 6/3/2024
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

FILED

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BY GASQS

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FORM 630- Revised 12/2023