



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

JUL 17 2024

109 *2*

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 001757968	2. Exact name of the Corporation JLE, Inc
---	---

3. Principal Office Address 125 BEACH ROAD	City BRISTOL	State RI	Zip 02809
--	------------------------	--------------------	---------------------

4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES AND PROPERTY MANAGEMENT
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JANET L EMOND			Vice-President Name JANET L EMOND		
Street Address 125 BEACH ROAD			Street Address 125 BEACH ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name JANET L EMOND			Treasurer Name JANET L EMOND		
Street Address 125 BEACH ROAD			Street Address 125 BEACH ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JANET L EMOND			Director Name		
Street Address 125 BEACH ROAD			Street Address		
City BRISTOL	State RI	Zip 02809	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,500	CNP	0

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 JANET L EMOND	Date 07/13/2024
---	---------------------------

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