State of Rhode Island
Department of State - Business Services Division

JAN 10 2025
6357 DR

Annual Report for the year: 2025
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	2. Exact name of the Corporation
00162597	Jake Enterprises, Inc.

3. Principal Office Address	City	State	Zip
PO Box 7327	Warwick	RI	02887

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541810	Marketing written material and any other lawful business.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Mary Byrne Saccoccia			Vice-President Name: Mary Byrne Saccoccia		
Street Address: PO Box 7327			Street Address: PO Box 7327		
City: Warwick	State: RI	Zip: 02887	City: Warwick	State: RI	Zip: 02887
Secretary Name: Mary Byrne Saccoccia			Treasurer Name: Mary Byrne Saccoccia		
Street Address: PO Box 7327			Street Address: PO Box 7327		
City: Warwick	State: RI	Zip: 02887	City: Warwick	State: RI	Zip: 02887

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Mary Byrne Saccoccia			Director Name		
Street Address: PO Box 7327			Street Address		
City: Warwick	State: RI	Zip: 02887	City	State	Zip
Director Name: Mary Byrne Saccoccia			Director Name		
Street Address: PO Box 7327			Street Address		
City: Warwick	State: RI	Zip: 022887	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
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	Date
Mary Byrne Saccoccia	1/7/25

Signature of Authorized Representative
Mary Byrne Saccoccia

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 12/2023