



State of Rhode Island
Department of State - Business Services Division

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.

JAN 21 2025

14722

1. Entity ID Number 000072988		2. Exact name of the Corporation JERRY LANE ASSOICATES, INC.			
3. Principal Office Address 39 JERRY LANE			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island work related to fences, guardrails, playground equipment, site furnishings, no residential			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN BURGESS			Vice-President Name JOHN BURGESS		
Street Address 39 JERRY LANE			Street Address 39 JERRY LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name JOHN BURGESS			Treasurer Name JOHN BURGESS		
Street Address 39 JERRY LANE			Street Address 39 JERRY LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			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.			NUMBER OF SHARES		
			CLASS/SERIES		
			600	stk	-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 John W. Burgess				Date 1/20/2025	
Signature of Authorized Representative X <i>John W. Burgess</i>					

MAIL TO:
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