RI SOS Filing Number: 202564678200 Date: 2/7/2025 4:00:00 PM

The state of

## State of Rhode Island

→ Filing period: February 1 - May 1

## **Department of State - Business Services Division**

FIELD

FEB 0.7 2025

Annual Report for the year: Corporation

2025

BY 1094 LYS

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 f	ee if form is not fi	led by May 31						
1, Entity ID Number	12 Exact name of	the Corporation						
001712973	Home Inspections by JML, Inc.  City Pawtucket RI 02860							
Principal Office Address	SS				State		Zip	
11 Owen Avenue			Pai	vtucket	l R	I	02860	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
631390								
5. State of Incorporation	Hume Inspections							
RI	Harie Bispechars							
7. List ALL officers (names and addresses) President Name V				Check the box to indicate an attachment				
Joshua M LeBeau			Michelle C Le Beau					
Street Address 11 OWEN AVENUE			Street Address 11 Owln Avenue					
City Pawtucket	State RI	210 OJ860	City $\rho_0$	wtucket	State C		02860	
Secretary Name	1 , -		Treasurer Na		· '		OKOWO	
Street Address			Street Address					
City	State	Zip	City		State	<del></del>	Zip	
8. List ALL directors (names and ad	ddresses)		<u> </u>	Check the box	to indica	te an att	achment 🗀	
Director Name				Director Name				
Charles Address			Street Address					
Street Address Street Address								
City	State	Zip	City		State Zip		Zip	
	<u> </u>							
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized	<u> </u>	10. Shares Issue	-d	Check the bo	to indica	te an att	achment []	
This information is currently of record in the NUMBER OF SI								
Department of State. Changes require an additional filing.		100		COMMON	00		) I	
		100						
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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								
michelle C LeBeau					2-1-25			

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Muhelle C. SeBeau

Phone: (401) 222-3040 Website: www.sos.ri.gov