



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.

FILED

MAR 04 2025

BY 1168 a

1. Entity ID Number 000132224		2. Exact name of the Corporation Jennifer Neves Photography, Inc.			
3. Principal Office Address 18 Sherman Avenue		City Bristol		State RI	Zip 02809
4. NAICS Code 641921		6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing photography services and the sale of photographic accessories and all other lawfully related services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jennifer A. Neves Bissonette			Vice-President Name Jennifer A. Neves Bissonette		
Street Address 18 Sherman Avenue			Street Address 18 Sherman Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Jennifer A. Neves Bissonette			Treasurer Name Jennifer A. Neves Bissonette		
Street Address 18 Sherman Avenue			Street Address 18 Sherman Avenue		
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 ☐					
Director Name Jennifer A. Neves Bissonette			Director Name		
Street Address 18 Sherman Avenue			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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/STAKES
			100		Common
					PAR VALUE
					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 Jennifer A. Neves Bissonette					Date 2-15-25
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