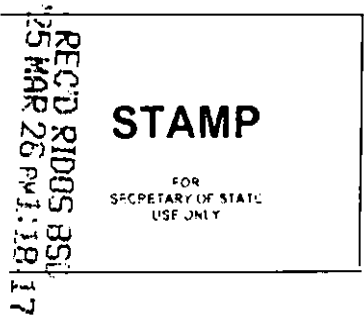




State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 001663341			2. Exact name of the Corporation J&J Moving Installation and Storage, Inc.		
3. Principal Office Address 65 Vineyard Road			City Seekonk	State MA	Zip 02771
4. NAICS Code 484210		6. Brief description of the character of business conducted in Rhode Island Installation of office furnishings and moving, transportation and delivery.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John P. DiSpirito, Jr.			Vice-President Name		
Street Address 65 Vineyard Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name John P. DiSpirito, Jr.			Treasurer Name John P. DiSpirito, Jr.		
Street Address 65 Vineyard Road			Street Address 65 Vineyard Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John P. DiSpirito, Jr.			Director Name		
Street Address 65 Vineyard Road			Street Address		
City Seekonk	State MA	Zip 02771	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		
			PAR VALUE		
			100 Common Shares 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 John P. DiSpirito Jr				Date 3/18/25	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 26 2025
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FORM 630 - Revised 04/2023