



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

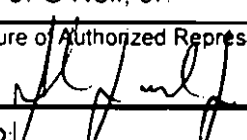
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP
APR 02 2025

BY 27004

1. Entity ID Number 000057548		2. Exact name of the Corporation J.J.O., INC.	
3. Principal Office Address 2 Starline Way, Unit 8		City Cranston	State RI
		Zip 02921	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island General contracting		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John J. O'Neil, Jr.		Vice-President Name John J. O'Neil, Jr.	
Street Address 2 Starline Way, Unit 8		Street Address 2 Starline Way, Unit 8	
City Cranston	State RI	Zip 02921	City Cranston
		State RI	Zip 02921
Secretary Name John J. O'Neil, Jr.		Treasurer Name John J. O'Neil, Jr.	
Street Address 2 Starline Way, Unit 8		Street Address 2 Starline Way, Unit 8	
City Cranston	State RI	Zip 02921	City Cranston
		State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John J. O'Neil, Jr.		Director Name	
Street Address 2 Starline Way, Unit 8		Street Address	
City Cranston	State RI	Zip 02921	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
		1,000	CNP
		PAR VALUE	\$0.0000
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 J. O'Neil, Jr.		Date 3/24/25	
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