



State of Rhode Island
Department of State - Business Services Division

REC'D 21005:85D
 25 APR 16 AM 11:44:58

**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 000107768		2. Exact name of the Corporation Jesse's Lawn Care, Inc.			
3. Principal Office Address 35 Capron Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Debra L. Calderon			Vice-President Name		
Street Address 35 Capron Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Debra L. Calderon			Treasurer Name Stephanie Calderon		
Street Address 35 Capron Road			Street Address 35 Capron Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SER/ES	PAR VALUE
		100		Common Shares	0.01 par value
Changes require an additional filing.					
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 Debra L. Calderon					Date
Signature of Authorized Representative <i>Debra L. Calderon</i>					FILED

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

APR 16 2025
 BY *[Signature]*
 Form 630 - Revised: 04/2023