



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.

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STAMP

APR 21 2025



BY 1652

| | | | |
|--|---|---|-------------------------|
| 1. Entity ID Number 000144942 | | 2. Exact name of the Corporation J. L. Ricci, Ltd. | |
| 3. Principal Office Address 15 Touro Street | | City Newport | State RI |
| | | Zip 02840 | |
| 4. NAICS Code 448310 | 6. Brief description of the character of business conducted in Rhode Island Retail Sale of Jewelry. | | |
| 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 Jessica Ricci | | Vice-President Name Jessica Ricci | |
| Street Address 15 Touro Street | | Street Address 15 Touro Street | |
| City Newport | State RI | City Newport | State RI |
| Zip 02840 | | Zip 02840 | |
| Secretary Name Jessica Ricci | | Treasurer Name Jessica Ricci | |
| Street Address 15 Touro Street | | Street Address 15 Touro Street | |
| City Newport | State RI | City Newport | State RI |
| Zip 02840 | | Zip 02840 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Jessica Ricci | | Director Name | |
| Street Address 15 Touro Street | | Street Address | |
| City Newport | State RI | City | State |
| Zip 02840 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | |
| | | NONE | |
| | | | |
| | | | |
| 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 Jessica Ricci | | | Date 03/08/25 |
| Signature of Authorized Representative <i>Jessica Ricci</i> | | | |