



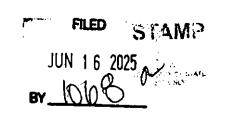
Department of State - Business Services Division

Annual Report for the year: 2025 **Limited Liability Company**

→ 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 001706011 | 2. Exact name of the Limited Liability Company JAY IMPROVEMENT, LLC 4. Brief description of the character of business conducted in Rhode Island PAINTING | | | |
|---|---|--|-------------------|-------------------------|
| 3. NAICS Code 999999 | | | | |
| 5. State of Formation RHODE ISLAND | | | | |
| 6. Principal Office Address 194 ALTHEA STREET | | PROVIDENCE | State RI | ^{Zip} 02907 |
| 7. Mailing Address of Limite | d Liability Company and Name | or Title of Contact Person | | |
| Contact Name JOSE R. MUNOZ | | Contact Title MANAGER | | |
| Street Address 194 ALTHEA STREET | | City PROVIDENCE | State RI | ^{Zip} 02907 |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is accurate | e. Changes requir | e filing Form 642. |
| Under penalty of periury. | declare and affirm that I hav | re examined this report, including a | ny accompanyin | g schedules and |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | Date | |
| JOSE R. MUNOZ | | | 02/04/2025 | |
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MAIL TO:

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