RI SOS Filing Number: 202576845120 Date: 7/11/2025 2:41:00 PM

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD 25 JUL 11 PM 2:39

FOR DEPT. OF STATE USE ONLY

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	2. Exact name of the Corporation			
001687298	JACE Enterprises 2G, Inc			
3. Principal Office Address		City	State	Zip
690 Boston Neck Rd.		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
624410	Childcare			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Caitlin E. Murphy					
Street Address			Street Address		
84 Ewing Rd					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Caitlin E. Murphy					
Street Address			Street Address		
84 Ewing Rd					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CWP	0.001

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	Date
Caitlin E. Murphy	05/29/2025

Signature of Authorized Representative

Caitlin E. Murphy

FILED 2:41 P

JUL 11 2025

BY 4IN8J

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

FORM 630- Revised: 12/2023