RI SOS Filing Number: 202196604860 Date: 5/13/2021 2:51:00 PM

State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 13 PM 2:50

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000156364	TJC ESQ., A PROFESSIONAL SERVICES CORPORATION

3. Principal Office Address	City	State	Zip
1 Citizens Plaza, Suite 1100	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541110	legal services
5. State of Incorporation	
Rhode Island	

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

President Name: Timothy J. Conlon			Vice-President Name: Timothy J. Conlon		
Street Address: 1 Citizens Plaza, Suite 1100			Street Address: 1 Citizens Plaza, Suite 1100		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Timothy J. Conlon			Treasurer Name: Timothy J. Conlon		
Street Address: 1 Citizens Plaza			Street Address: 1 Citizens Plaza		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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

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

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
500	common	0.01

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
Timothy J. Conlon, President	Text 5/7/21
Signature of Authorized Representative	

FILED

MAY 13 2021

BY LMKZM A.A. 2:51 pm

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: 08/2020