



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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BUS SVCS DIV

2021 MAY 13 PM 2:50

- 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 000156364		2 Exact name of the Corporation TJC ESQ., A PROFESSIONAL SERVICES CORPORATION			
3 Principal Office Address 1 Citizens Plaza, Suite 1100		City Providence		State RI	Zip 02903
4 NAICS Code 541110	6 Brief description of the character of business conducted in Rhode Island legal services				
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 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 <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 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
		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 Timothy J. Conlon, President				Date Text 5/7/21	
Signature of Authorized Representative 					

FILED

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

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