



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

MAR 23 2023

BY

| 1 Entity ID Number 0001684545 | | 2. Exact name of the Corporation JASON E. TEFFT LAND ACQUISITION CONSULTANT, INC. | | | | | | | | | | | | |
|--|--------------------|--|---|--------------------|------------------------|------------------|--------------|-----------|-----|-----|------|--|--|--|
| 3. Principal Office Address 7405 POST ROAD | | | City NORTH KINGSTOWN | State RI | Zip 02852 | | | | | | | | | |
| 4 NAICS Code 238910 | | 6 Brief description of the character of business conducted in Rhode Island Land Acquisition Consulting | | | | | | | | | | | | |
| 5 State of Incorporation RI | | | | | | | | | | | | | | |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name JASON E. TEFFT | | | Vice-President Name | | | | | | | | | | | |
| Street Address 7405 POST ROAD | | | Street Address | | | | | | | | | | | |
| City NO. KINGSTOWN | State RI | Zip 02852 | City | State | Zip | | | | | | | | | |
| 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 <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. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | STK | 0.01 | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 100 | STK | 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 ROBERT E. CRAVEN | | | | | Date 3-17-23 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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