RI SOS Filing Number: 202331944020 Date: 3/29/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2023
Corporation	2020

→ Filing period: February 1 - May 1

DECEIVE	[]
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→ Filing Fee: \$50.00 → Penalty: Additional \$:	25.00 fee if form is	not filed by May 31	•		5			
1. Entity ID Number 1658206	2. Exact na	2. Exact name of the Corporation  Jeffrey & Haddon, Inc.						
3. Principal Office Address 771 Reservoir Avenue			City Cransto	n	State RI	Zip 02910		
4. NAICS Code	6. Brief des	cription of the charac	cter of business	er of business conducted in Rhode Island				
541219	Account	Accounting services						
5. State of Incorporation		g						
Rhode Island								
7. List ALL officers (names a President Name —			Tu. o - u	Check	the box to	indicate an attachment		
Frisha Je				Vice-President Name Jennifer L. Haddon				
Street Address 771 Reservoir Avenue			Street Addres	Street Address 771 Reservoir Avenue				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910	<sup>City</sup> Cranston		State R	<sup>Zip</sup> 02910		
Secretary Name Jennifer L	ennifer L. Haddon		Treasurei Na	Treasurer Name Trisha Jeffrey				
Street Address 771 Reser	voir Avenue	Avenue		Street Address 771 Reservoir Avenue				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910	<sup>City</sup> Crans	City Cranston		<sup>Z<sub>ip</sub></sup> 02910		
8. List ALL directors (names Director Name			Director Nam	Check	the box to	indicate an attachment [		
Trisha Jeffrey		Director Name Jennifer L. Haddon						
Street Address 771 Reservoir Avenue		Street Address 771 Reservoir Avenue						
Cranston	State RI	<sup>Zip</sup> 02910	City Cranston		State R	<sup>Zip</sup> 02910		
Director Name NONE			Director Name	NONE	-			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Addres					
City	State	Zip	City		State	Zip		
9. Shares Authorized 10. Shares Issu								
This information is currently of record in the Department of State.		600		COMMON		No Par Value		
Changes require an additional	filing.		· · · · · · · · · · · · · · · · · · ·					
11. This report must be executrustee, this report must be e	xecuted on behalf of	f the corporation by t	he receiver or tr	rustee.				
Under penalty of perjury, I statements, and that all sta	declare and affirm tements contained	that I have examine	ed this report, i	ncluding any accomp	oanying so	chedules and		
Name of Authorized Represe Trisha Jeffrey, Presid			<b>'</b>	FILED/6	Date 2	3/17/23		
Signature of Authorized Repr			)/	MAR 2 9 2023	1	חוווט		
		#		MIMIN & B CUCS	<b></b>			
MAIL TO: Division of Business Services			\	BY disc	•			

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

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