



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.

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|--|--|--|---|------------------------|---------------------------|
| 1. Entity ID Number 1658206 | | 2. Exact name of the Corporation Jeffrey & Haddon, Inc. | | | |
| 3. Principal Office Address 771 Reservoir Avenue | | City Cranston | | State RI | Zip 02910 |
| 4. NAICS Code 541219 | 6. Brief description of the character of business conducted in Rhode Island Accounting 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 Trisha Jeffrey | | Vice-President Name Jennifer L. Haddon | | | |
| Street Address 771 Reservoir Avenue | | Street Address 771 Reservoir Avenue | | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| Secretary Name Jennifer L. Haddon | | Treasurer Name Trisha Jeffrey | | | |
| Street Address 771 Reservoir Avenue | | Street Address 771 Reservoir Avenue | | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Trisha Jeffrey | | Director Name Jennifer L. Haddon | | | |
| Street Address 771 Reservoir Avenue | | Street Address 771 Reservoir Avenue | | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02910 |
| Director Name NONE | | Director Name NONE | | | |
| 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 <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 600 | CLASS/SERIES COMMON | PAR VALUE No Par Value |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Trisha Jeffrey, President | | | Date 3/17/23 | | |
| Signature of Authorized Representative | | | MAR 29 2023 BY 2750 | | |

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: 11/2021