



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 31 A 10: 23

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 001905095		2. Exact name of the Corporation JORDAN INC			
3. Principal Office Address 716 Central Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 621610		6. Brief description of the character of business conducted in Rhode Island Assistance for people with disabilities			
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 Oluwaseyi A Ogunrinde			Vice-President Name		
Street Address 18 Crowninshield St			Street Address		
City Providence	State RI	Zip 02901	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.		NUMBER OF SHARES		CLASS/SERIES	
		0		CNP	
				PAR VALUE	
				0.0	
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 OLUWASEYI A EKEOCHA				Date 10/31/2023	
Signature of Authorized Representative <i>Oluwaseyi</i>				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

OCT 31 2023
BY TK850