

State of Rhode Island

Department of State - Business Services Division

2027 Annual Report for the year: Corporation

RECEIVED R.I. DEPT. OF STATE BUS SYGS BIY

Filing period: February 1 - May 1

2021 OCT 21 A ID- 23

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Penalty: Additional \$25.00 fee in form is not lifed by May 51. Entity ID Number 2. Exact name of the Corporation							
001705095	JORDAN INC						
3. Principal Office Address			City		State	Zip	
716 Central AVI	enue		Paw	tucket	RI	02861	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
621610 Assistance For Neolle with ninsbilities							
5. State of Incorporation							
Khode Island							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment fice-President Name			
President Name Olympey, a Ggunting			Vice-President Name				
Street Address 18 Crownin Street 5+ City Providence State NT Zip G2901			Street Address				
City 1) (d)	Istate	17ip	City		State	Zip	
on Viow, Zung	N.T.	62909					
Secretary Name	Name			Treasurer Name			
Street Address			Street Address				
City	State	Zip	City		State Zip		
8. List ALL directors (names and ac	ddresses)			Check the bo	x to indicate	an attachment 🔲	
Director Name			Director Nam	ne	 .		
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	<u> </u>	10. Shares Issue	d	Check the b	ox to indicate	an attachment 🗀	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		0		CNP		0,0	
11. This report must be executed o	n behalf of the co	rporation by an aut	horized repre	esentative. If the corpo	ration is in the	hands of a re-	
ceiver 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 Date						1	
Olywasey A Exerction 10/31/2023						12015	
Signature of Authorized Representative FILED							
0 () () () () () () () () () (
MAIL TO:							

Division of Business Services

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

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Website: www.sos.ri.gov