


State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
Corporation

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

 REC'D
 24 JAN 30 AM 11:59:32
 DEPT. OF STATE
 RI

1. Entity ID Number 001684623		2. Exact name of the Corporation Southern New England Human Resources, Inc.			
3. Principal Office Address 222 Edmond Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541612		6. Brief description of the character of business conducted in Rhode Island Consulting services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David DeJesus, Jr.			Vice-President Name		
Street Address 222 Edmond Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name David DeJesus, Jr.			Treasurer Name David DeJesus, Jr.		
Street Address 222 Edmond Drive			Street Address 222 Edmond Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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		
			PAR VALUE		
			100		
			Common Shares		
			0.01 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.					
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 David DeJesus, Jr.				Date 1/20/24	
Signature of Authorized Representative 					

FILED

JAN 30 2024

BY ML 1038