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State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number 001658206		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 Jen 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			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		
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 Trisha Jeffrey, President					Date 3/15/24
Signature of Authorized Representative 					

FILED 238 **3/15/24**

MAR 22 2024

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