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State of Rhode Island
Department of State - Business Services DivisionAnnual 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 RI SOS
24 APR 30 12:34:32

1. Entity ID Number 001689859		2. Exact name of the Corporation TJH & Associates, Ltd.			
3. Principal Office Address 65 Burbank Road			City Sutton	State MA	Zip 01590
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance products and 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 Thomas J. Hannon, III			Vice-President Name		
Street Address 65 Burbank Road			Street Address		
City Sutton	State MA	Zip 01590	City	State	Zip
Secretary Name Thomas J. Hannon, III			Treasurer Name Thomas J. Hannon, III		
Street Address 65 Burbank Road			Street Address 65 Burbank Road		
City Sutton	State MA	Zip 01590	City Sutton	State MA	Zip 01590
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		
			100		
			CLASS/SERIES		PAR VALUE
			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 Thomas J. Hannon, III				Date 4/25/2024 10:39 AM PDT	
Signature of Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02804-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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