



State of Rhode Island  
Department of State - Business Services Division

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 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION  
 MAY 28 2024 4:00 PM  
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**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 <b>000156364</b>		2. Exact name of the Corporation <b>TJC ESQ., A Professional Services Corporation</b>			
3. Principal Office Address <b>One Citizens Plaza, Suite 1100</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>541100</b>		6. Brief description of the character of business conducted in Rhode Island <b>legal services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Timothy J. Conlon, Esq.</b>			Vice-President Name <b>Timothy J. Conlon, Esq.</b>		
Street Address <b>One Citizens Plaza, Suite 1100</b>			Street Address <b>One Citizens Plaza, Suite 1100</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Timothy J. Conlon, Esq.</b>			Treasurer Name <b>Timothy J. Conlon, Esq.</b>		
Street Address <b>One Citizens Plaza, Suite 1100</b>			Street Address <b>One Citizens Plaza, Suite 1100</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>500</b>	CLASS/SERIES <b>Common Shares</b>	PAR VALUE <b>0.01</b>	
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.					
<i>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.</i>					
Name of Authorized Representative <b>Timothy J. Conlon, Esq.</b>				Date <b>5/25/24</b>	
Signature of Authorized Representative 				BY <b>224Pd</b>	

MAIL TO:  
Division of Business Services  
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