

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

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

FILED

DEC 16 2024

BY

RI DOS MADE NON-SUBSTANTIVE EDITS

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 SERVICE									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment											
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 Same			Treasurer Name Same								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses) Check the box to indicate an attachment											
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									
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>00100</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	00100
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
		100	COMMON	00100							
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 HANNON					Date 12/15/24						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov