



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

MAY 02 2025

BY

RECEIVED

DEPT. OF STATE
BUS. SERVICES DIV.

1. Entity ID Number 0001684545		2. Exact name of the Corporation Jason E. Tefft Land Acquisition Consultant, Inc.			
3. Principal Office Address 7405 Post Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Land Acquisition Consulting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jason E. Tefft			Vice-President Name NONE		
Street Address 7405 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 NONE			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.			NUMBER OF SHARES		CLASS/SERIES
			100		STK
					PAR VALUE
					0.01
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 Robert E. Craven					Date 2/19/25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov