



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000789166		2. Exact name of the Corporation WALKER CONSULTING INC.	
3. Principal office address 5 WHITWELL PLACE		City NEWPORT	State RI
		Zip 02840	
4. Business Phone No. 401-595-9724		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island MANAGEMENT CONSULTING			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name MARYTN F WALKER		Vice-President Name	
Street Address 5 WHITWELL PL		Street Address	
City NEWPORT	State RI	Zip 02840	
Secretary Name MARTYN F WALKER		Treasurer Name MARTYN F WALKER	
Street Address 5 WHITWELL PL		Street Address 5 WHITWELL PL	
City NEWPORT	State RI	Zip 02840	
		City NEWPORT	State RI
		Zip 02840	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name MARTYN F WALKER		Director Name	
Street Address 5 WHITWELL PL		Street Address	
City NEWPORT	State RI	Zip 02840	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
		City	State
		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		500	CNP
		NO PAR	

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.

File Date _____

Check No _____

By: _____ BY

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 24 2013

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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.

Martyn F Walker
Signature of Authorized Representative

01/19/2013

Date

MARTYN F WALKER

Print or Type Name of Authorized Representative