



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 2015

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. 122901		2. Exact name of the Corporation A. Walecka & Son, Inc.			
3. Principal office address 2375 Cranberry Highway			City W. Wareham	State MA	Zip 02576
4. Business Phone No. 508-295-5952		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION, MOVING & PACKING OF HOUSEHOLD AND OTHER GOODS FROM ONE POINT OF RI TO ANOTHER POINT IN RI					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Norris A. Walecka Jr.			Vice-President Name Kenneth P. Walecka		
Street Address 202 Farmfield Court			Street Address 13 Fairway Drive		
City Fairhaven	State MA	Zip 02719	City Acushnet	State MA	Zip 02743
Secretary Name Daniel A. Walecka			Treasurer Name Norris A. Walecka Jr.		
Street Address 11 Snap Weed Lane			Street Address 202 Farmfield Court		
City Acushnet	State MA	Zip 02743	City Fairhaven	State MA	Zip 02719
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Norris A. Walecka Jr.			Director Name Kenneth P. Walecka		
Street Address 202 Farmfield Court			Street Address 13 Fairway Drive		
City Fairhaven	State MA	Zip 02719	City Acushnet	State MA	Zip 02743
Director Name Daniel A. Walecka			Director Name Brian N. Walecka		
Street Address 11 Snap Weed Lane			Street Address 258 Bramblebush Road		
City Acushnet	State MA	Zip 02743	City Stoughton	State MA	Zip 02072
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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 _____
FOR SECRETARY OF STATE USE ONLY

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.

FILED

Signature of Authorized Representative

Date

Norris A. Walecka Jr.

or Type Name of Authorized Representative

FEB 17 2015

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