



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

STAMP

FOR

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|-------------|--|---|--------------------------|--------------|
| 1. Entity ID Number 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. NAICS Code 48-49 | | 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 | | | |
| 5. State of Incorporation MASSACHUSETTS | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Brian N. Walecka | | | Vice-President Name Brett M. Walecka | | |
| Street Address 258 Bramblebush Road | | | Street Address 19 Millers Lane | | |
| City Stoughton | State MA | Zip 02072 | City Hanover | State MA | Zip 02339 |
| Secretary Name Daniel A. Walecka | | | Treasurer Name Kenneth P. Walecka | | |
| Street Address 11 Snap Weed Lane | | | Street Address 13 Fairway Drive | | |
| City Acushnet | State MA | Zip 02743 | City Acushnet | State MA | Zip 02743 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Brian N. Walecka | | | Director Name Brett M. Walecka | | |
| Street Address 258 Bramblebush Road | | | Street Address 19 Millers Lane | | |
| City Stoughton | State MA | Zip 02072 | City Hanover | State MA | Zip 02339 |
| Director Name Daniel A. Walecka | | | Director Name Kenneth P. Walecka | | |
| Street Address 11 Snap Weed Lane | | | Street Address 13 Fairway Drive | | |
| City Acushnet | State MA | Zip 02743 | City Acushnet | State MA | Zip 02743 |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 1200 | Common | No Par | |
| 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 Brian N. Walecka | | | | Date February 2, 2017 | |
| Signature of Authorized Representative | | | | | |

SIGN DOCUMENT HERE

FILED

FEB 10 2017

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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