



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ 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 86132		2. Exact name of the Corporation WEICHHECK, INC.	
3. Principal Office Address 95 KRENKNTOWN RD.		City EAST GREENWICH	State R.I.
		Zip 02818	
4. NAICS Code 54	6. Brief description of the character of business conducted in Rhode Island WELL TESTING FOR QUALITY AND QUANTITY.		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH MIANO		Vice-President Name JAMES	
Street Address 129 WINTERBERRY RD.		Street Address	
City SAUNDERSTOWN	State R.I.	City	State
Zip 02874		Zip	
Secretary Name JAMES		Treasurer Name JAMES	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOSEPH MIANO		Director Name JAMES	
Street Address 129 WINTERBERRY RD.		Street Address	
City SAUNDERSTOWN	State R.I.	City	State
Zip 02874		Zip	
Director Name NOMIS		Director Name NOMIS	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 0	CLASS/SERIES CHP
			PAR VALUE 0
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 JOSEPH MIANO		Date 2/24/17	
Signature of Authorized Representative <i>Joseph Miano</i>			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017

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