




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 001099218		2. Exact name of the Corporation EDWARD M OROURKE CONSULTING INC					
3. Principal Office Address 99 LEROY AVE		City RIVERSIDE		State RI	Zip 02915		
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island CONSULTING						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name EDWARD M OROURKE			Vice-President Name				
Street Address 99 LEROY AVE			Street Address				
City RIVERSIDE	State RI	Zip 02915	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name			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 <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			1000		CWP	.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 EDWARD M OROURKE					Date 03/08/2017		
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

FILED

MAR 15 2017

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