



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

Annual Report for the year: **2018**
 Corporation

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

FILED
 JAN 25 2018
 BY 34343

1. Entity ID Number 12002		2. Exact name of the Corporation SLEPKOW, SLEPKOW & ASSOCIATES, INC.			
3. Principal Office Address 1481 Wampanoag Trail			City East Providence	State RI	Zip 02915
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew D. Sleprow			Vice-President Name Matthew D. Sleprow		
Street Address 1481 Wampanoag Trail			Street Address 1481 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Matthew D. Sleprow			Treasurer Name Matthew D. Sleprow		
Street Address 1481 Wampanoag Trail			Street Address 1481 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David S. Sleprow			Director Name Matthew D. Sleprow		
Street Address 1481 Wampanoag Trail			Street Address 1481 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name Joshua S. Sleprow			Director Name None		
Street Address 1481 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	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
		400		Common	No Par Value
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 Matthew D. Sleprow					Date 1/12/18
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