



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.

1. Entry ID Number 35321		2. Exact name of the Corporation CONSIDERED OPINIONS INCORPORATED			
3. Principal Office Address 2224 PAWTUCKET AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island General business consulting, to hold, own, acquire, buy, sell, mortgage, borrow upon and otherwise transfer real and personal property				
5. State of Incorporation Rhode Island	812990				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name PETER A. WHEALTON			Vice-President Name PETER A. WHEALTON		
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name PETER A. WHEALTON			Treasurer Name PETER A. WHEALTON		
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name PETER A. WHEALTON			Director Name		
Street Address 2224 PAWTUCKET AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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. <i>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.</i>					
Name of Authorized Representative PETER A. WHEALTON					Date 2/5/18
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.n.gov

FILED

FEB 08 2018

FORM 630 - Revised: 10/2016

BY 7260 DS