



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. Entity ID Number 000086132 | | 2. Exact name of the Corporation Wellcheck, Inc. | | | |
| 3. Principal Office Address 7715 Post Road Ste # 1685 | | | City North Kingstown | State RI | Zip 02852 |
| 4. NAICS Code 54 1810 | | 6. Brief description of the character of business conducted in Rhode Island Testing of water quality and quantity and inspection of private water wells. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Joseph Miano | | | Vice-President Name same | | |
| Street Address 129 Winterberry Road | | | Street Address | | |
| City Saunderstown | State RI | Zip 02874 | City | State | Zip |
| Secretary Name same | | | Treasurer Name same | | |
| 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 Joseph Miano | | | Director Name | | |
| Street Address 129 Winterberry Road | | | Street Address | | |
| City Saunderstown | State RI | Zip 02874 | 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 |
| | | 0 | | chp | 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 3/8/18 |
| 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

FILED

APR 02 2018

FORM 630 - Revised: 10/2017

BY 3185 DS