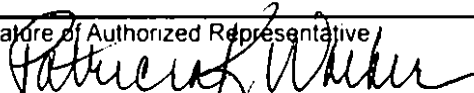




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
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 64126		2. Exact name of the Corporation WALKER ENGINEERING, LTD.			
3. Principal Office Address 31 VALE COURT		City WEST GREENWICH		State RI	Zip 02817
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ENGINEERS.			
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 PATRICIA K. WALKER			Vice President Name PATRICIA K. WALKER		
Street Address 31 VALE COURT			Street Address 31 VALE COURT		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name PATRICIA K. WALKER			Treasurer Name PATRICIA K. WALKER		
Street Address 31 VALE COURT			Street Address 31 VALE COURT		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PATRICIA K. WALKER			Director Name		
Street Address 31 VALE COURT			Street Address		
City WEST GREENWICH	State RI	Zip 02817	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/STRIKES		
			PAR VALUE		
			NONE		
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 PATRICIA K. WALKER, PRESIDENT					Date 1/30/19
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
FEB 06 2019

BY **4514**

FORM 630 - Revised: 10/2017