



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
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 59528		2. Exact name of the Corporation Wilkes & Company, Inc.			
3. Principal Office Address 952 Plainfield Street, #3			City Johnston	State RI	Zip 02919
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Professional Placement Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrew Wilkes			Vice President Name		
Street Address 952 Plainfield Street, #3			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Andrew Wilkes			Treasurer Name Andrew Wilkes		
Street Address 952 Plainfield Street, #3			Street Address 952 Plainfield Street, #3		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Andrew Wilkes			Director Name		
Street Address 952 Plainfield Street, #3			Street Address		
City Johnston	State RI	Zip 02919	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
			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. 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 Andrew Wilkes				Date 1-8-20	
Signature of Authorized Representative <i>Andrew Wilkes</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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