



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

FILED

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.

JAN 29 2020

BY 1597 DS

1. Entity ID Number 70303		2. Exact name of the Corporation Risk & Safety Management Company			
3. Principal Office Address 2447 Division Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island Consultants regarding risk management and safety.			
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 Cheri L. Walton			Vice-President Name Cheri L. Walton		
Street Address 2447 Division Road			Street Address 2447 Division Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Cheri L. Walton			Treasurer Name Cheri L. Walton		
Street Address 2447 Division Road			Street Address 2447 Division Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 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 Cheri L. Walton				Date 01/21/2020	
Signature of Authorized Representative <i>Cheri L. Walton</i>					

MAIL TO:
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 Website: www.sos.ri.gov