



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

Annual Report for the year: **2020**  
 Corporation

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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- 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 <b>70189</b>		2. Exact name of the Corporation <b>Pension Consultants, Inc.</b>												
3. Principal Office Address <b>21 Agnes St.</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>										
4. NAICS Code <b>52110</b>		5. Brief description of the character of business conducted in Rhode Island <b>Retirement Plan Administration</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Sean P. Fecteau</b>			Vice-President Name <b>Patricia A Adamonis</b>											
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>									
Secretary Name <b>Patricia A. Fecteau</b>			Treasurer Name <b>Patricia A Adamonis</b>											
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Sean P. Fecteau</b>			Director Name <b>Patricia A. Adamonis</b>											
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>									
Director Name <b>Patricia A. Fecteau</b>			Director Name											
Street Address <b>57 Briarwood Dr.</b>			Street Address											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>200</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>None</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>Common</b>	<b>None</b>			
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<b>200</b>	<b>Common</b>	<b>None</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Sean P. Fecteau</b>				Date <b>3/16/2020</b>										
Signature of Authorized Representative <i>Sean P. Fecteau</i>														

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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sosr.gov

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