



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.

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SECRETARY OF
CORPORATIONS
DIV.
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1. Entity ID Number 86132		2. Exact name of the Corporation Wellcheck, Inc.												
3. Principal Office Address 5600 Post Road #114-112			City East Greenwich		State RI									
4. NAICS Code 541990		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 Saunders town	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 Saunders town	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>CHP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	CHP	0			
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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 03/08/2020										
Signature of Authorized Representative <i>Joseph Miano</i>														

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