



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.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS
DIV.
2020 MAR 11 PM 2:44

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	Zip 02874
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 ☐					
President Name Joseph Miano			Vice-President Name SAME		
Street Address 129 Winterberry Road			Street Address		
City Saunderstown	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 ☐					
Director Name Joseph Miano			Director Name		
Street Address 129 Winterberry Road			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
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 					

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 MAR 27 AM 8:36

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govMAY 27 2020
BY BPD PG
FORM 630 Revised: 10/2017
A.A.
8:38 A.M.