



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019

## 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 STATE  
CORPORATIONS  
2020 MAR 11 PM 12:41

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph Miano			Vice-President Name SAME		
Street Address 129 Winterberry Road			Street Address		
City Saunderstown		State RI	Zip 02874		
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City		State	Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Joseph Miano			Director Name		
Street Address 129 Winterberry Road			Street Address		
City Saunderstown		State RI	Zip 02874		
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip		
9. Shares Authorized <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.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 					

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2020 MAY 27 AM 8:39

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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.sos.ri.govA.A.  
MAY 27 2020 8:37 AM  
BY BDDPG  
FORM 630 - Revised: 10/2017