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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period, January 1 - March 1

-> Filing Fee \$50.00

R.I. DEPT. OF STATE BUS SYCS DIV

2020 SEP -4 PM 3: 34

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000794730	li i	Welsh Commissioning Group, Inc.					
3. Principal Office Address			City		State	Zip	
4508 AUBURN WAY N, SUITE B			AUBURN		WA	98002	
4. NAICS Code	6. Brief desci	iption of the chara-	cter of business c	onducted in Rhode	Island		
541330	BUILDING	BUILDING COMMISSIONING SERVICES					
5. State of Incorporation							
Washington	ļ						
7. List ALL officers (names an	d addresses)	***************************************	<del></del>	Check	othe hox to ind	icate an attachment	
President Name BRYAN W. WI	Vice-President Name JOAN W. WELSH						
Street Address 4508 AUBURN	Street Address 4508 AUBURN WAY N, SUITE B						
City AUBURN	State WA	<sup>Z<sub>i</sub>p</sup> 98002	City AUBURN		State WA	Zip 98002	
Secretary Name JOAN W. WELSH			Treasurer Name JOAN W. WELSH				
Street Address 4508 AUBURN WAY N, SUITE B			Street Address 4508 AUBURN WAY N, SUITE B				
City AUBURN	State WA	Zip 98002	City		State WA	Chata	
<ol><li>List ALL directors (names a</li></ol>	nd addresses)			Check	the box to ind	icate an attachment	
Director Name BRYAN W. WE	LSH		Director Name		<u>-</u>		
Street Address 4508 AUBURN WAY N, SUITE B			Street Address				
C.ty AUBURN	State WA	<sup>Zip</sup> 98002	City		State	Zip	
Director Name			Director Name		<u> </u>	<del></del>	
Street Address			Street Address				
City	State	Zip	City		Io:		
· · · · · ·	Olake	2.0	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SFRIE	CLASS/SERIES PAR VALUE		
Changes require an additional filing.							
		1,000		CNP/VOT		0.0000	
<ol> <li>This report must be execut trustee, this report must be ex</li> </ol>	<u>ecuted</u> on behalf of	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I d statements, and that all state	eclare and affirm t	hat I have examir	ned this report, in	ncluding any accor	npanying sch	edules and	
Name of Authorized Represen	tative	nerem are true ar	ia correct.	· <del>-</del>	Date	<del></del>	
Joan W Welsh			9/4	1/2020			
Signature of Authorized Repre	sentative	SIGNER	rowers a	ED	· · · · · · · · · · · · · · · · · · ·	<del></del>	
ANNWOV	voor (			.ED	·-A		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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