



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

Annual Report for the year: **2017**
 Corporation

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2020 SEP -4 PM 3:34

- 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 000794730		2. Exact name of the Corporation Welsh Commissioning Group, Inc.			
3. Principal Office Address 4508 AUBURN WAY N, SUITE B			City AUBURN	State WA	Zip 98002
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island BUILDING COMMISSIONING SERVICES			
5. State of Incorporation Washington					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRYAN W. WELSH			Vice-President 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 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 AUBURN	State WA	Zip 98002
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRYAN W. WELSH			Director Name		
Street Address 4508 AUBURN WAY N, SUITE B			Street Address		
City AUBURN	State WA	Zip 98002	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.			NUMBER OF SHARES		
			CLASS/STRIKES		
			1,000		
			CNP/VOT		
			0.0000		
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 Joan W Welsh				Date 9/4/2020	
Signature of Authorized Representative <div style="text-align: center;">FILED</div>					

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

SEP 04 2020
 BY G-J92P **A.A.**
3:35 pm.