



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

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 142981		2. Exact name of the Corporation HEALD & ASSOCIATES, LTD.			
3. Principal Office Address 76 Westminster Street, Suite 420			City Providence	State RI	Zip 02903
4. NAICS Code 922130		6. Brief description of the character of business conducted in Rhode Island To render legal services.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas W. Heald			Vice-President Name Thomas W. Heald		
Street Address 76 Westminster Street, Suite 420			Street Address 76 Westminster Street, Suite 420		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Thomas W. Heald			Treasurer Name Thomas W. Heald		
Street Address 76 Westminster Street, Suite 420			Street Address 76 Westminster Street, Suite 420		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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/SERIES		
			PAR VALUE		
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. <i>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.</i>					
Name of Authorized Representative Thomas W. Heald, President					Date 1/25/21
Signature of Authorized Representative					

SIGN DOCUMENT HERE

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

JAN 28 2021

BY **10748**

FORM 630 - Revised: 10/2016