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State of Rhode Island
Department of State - Business Services Division

FILED FEB 01 2021 BY

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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.

1. Entity ID Number	2. Exact name of the Corporation		
132295	PREMIER CONSULTING, INC.		
3. Principal Office Address	City	State	Zip
32 Meeting Street	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339514	Consulting and equipment leasing		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Vincent M. Griffin			Vice President Name: Tammy L. Griffin		
Street Address: 1712 Dividend Road			Street Address: 1712 Dividend Road		
City: Fort Wayne	State: IN	Zip: 46808	City: Fort Wayne	State: IN	Zip: 46808
Secretary Name: Tammy L. Griffin			Treasurer Name: Vincent M. Griffin		
Street Address: 1712 Dividend Road			Street Address: 1712 Dividend Road		
City: Fort Wayne	State: IN	Zip: 46808	City: Fort Wayne	State: IN	Zip: 46808

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Tammy L. Griffin			Director Name: Vincent M. Griffin		
Street Address: 1712 Dividend Road			Street Address: 1712 Dividend Road		
City: Fort Wayne	State: IN	Zip: 46808	City: Fort Wayne	State: IN	Zip: 46808
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1500	Common	$.10 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.

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	Date
Vincent M. Griffin	1-20-21

Signature of Authorized Representative:

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

FORM 630 - Revised: 08/2020