State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 25 2021

BY 14364

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
35321	CONSIDERED OPINIONS INCORPORATED

3. Principal Office Address	City	State	Zip
2224 PAWTUCKET AVENUE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	General business consulting, to hold, own, acquire, buy, sell, mortgage, borrow upon and otherwise transfer real and personal property
5 State of Incorporation: RHODE ISLAND	

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

President Name: PETER A. WHEALTON			Vice-President Name: PETER A. WHEALTON		
Street Address: 2224 PAWTUCKET AVENUE			Street Address: 2224 PAWTUCKET AVENUE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914
Secretary Name: PETER A. WHEALTON			Treasurer Name: PETER A. WHEALTON		
Street Address: 2224 PAWTUCKET AVENUE			Street Address: 2224 PAWTUCKET AVENUE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914

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

Director Name: PETER A. WHEALTON			Director Name		
Street Address: 2224 PAWTUCKET AVENUE			Street Address		
City: EAST PROVIDENCE	State: RI	Zip: 02914	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	COMMON	NO PAR

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
PETER A. WHEALTON	3/3/21
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: 10/2017