



State of Rhode Island

Department of State - Business Services Division

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2021 JUL 21 AM 9:01

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 <b>000084512</b>		2. Exact name of the Corporation <b>Cambridge Consulting, Inc</b>			
3. Principal Office Address 24 Salt Pond Rd; Suite G-6			City Wakefield	State RI	Zip 02879
4. NAICS Code <b>541618</b>		6. Brief description of the character of business conducted in Rhode Island Management consulting and training			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David A. Po-Chedley			Vice-President Name Eileen O'Connor		
Street Address 217 Sunnybrook Farm Rd.			Street Address 217 Sunnybrook Farm Rd		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name David A Po-Chedley			Director Name Eileen O'Connor		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		117		COMmon	
				No 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.					
<b>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.</b>					
Name of Authorized Representative David A. Po-Chedley				Date 7/13/2021	
Signature of Authorized Representative <i>David A. Po-Chedley</i>					

**FILED**

JUL 21 2021  
BY *[Signature]* H73959  
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