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.

R.I. DEPT OF STATE
BUS SVCS DIV
2021 OCT 13 PM 12:54

1. Entity ID Number	2. Exact name of the Corporation			
000160963	DOWD & ASSOCIATES, INC.			
3. Principal Office Address		City	State	Zip
5853 POST RD Suite 203A		EAST GREENWICH	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
523930	TAX, INSURANCE AND INVESTMENT SVS.			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
JOHN W. DOWD					
Street Address			Street Address		
5853 POST RD SUITE 203A					
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2021 NOV -4 R.I. DEPT OF STATE BUS SVCS DIV 12:09

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized 10,000

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

Changes require an additional filing.

10. Shares Issued 0 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000.00		$0.0100

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
JOHN W. DOWD	8/2/21

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

NOV 04 2021
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12:10

FORM 630 - Revised: 10/2017