



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JAN - 6 12:06

1. Entity ID Number 000952419		2. Exact name of the Corporation WILLMOTT & ASSOCIATES, INC.	
3. Principal Office Address 289 Great Rd., Suite 103		City Acton	State MA
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Professional HR Contract Work	
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daniel Hill		Vice-President Name Jeffrey Willmott	
Street Address 3 Amandrey Way		Street Address 6 Black Horse Lane	
City Ayer	State MA	City Cohasset	State MA
Zip 01432		Zip 02025	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Daniel Hill		Director Name Jeffrey Willmott	
Street Address 3 Amandrey Way		Street Address 6 Black Horse Lane	
City Ayer	State MA	City Cohasset	State MA
Zip 01432		Zip 02025	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		2500	Common/ Series A
		10,000	Common/Series B
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 Daniel Hill		Date 12/19/22	
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

FILED

JAN 06 2023 FORM 630 - Revised 11/2021
BY ML X926G
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