



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
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JAN - 12 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	Zip 01720	
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	Zip 01432	City Cohasset	State MA	Zip 02025	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	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	Zip 01432	City Cohasset	State MA	Zip 02025	
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 <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	0.00
			10,000		Common/Series B	0.00
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. <i>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.</i>						
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
12:08