



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

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STATE OF RHODE ISLAND  
2023 JAN -6 P 12:06

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000952419</b>		2. Exact name of the Corporation <b>WILLMOTT &amp; ASSOCIATES, INC.</b>			
3. Principal Office Address <b>289 Great Rd., Suite 103</b>		City <b>Acton</b>	State <b>MA</b>	Zip <b>01720</b>	
4. NAICS Code <b>561320</b>	6. Brief description of the character of business conducted in Rhode Island <b>Professional HR Contract Work</b>				
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Hill</b>			Vice-President Name <b>Jeffrey Willmott</b>		
Street Address <b>3 Amandrey Way</b>			Street Address <b>6 Black Horse Lane</b>		
City <b>Ayer</b>	State <b>MA</b>	Zip <b>01432</b>	City <b>Cohasset</b>	State <b>MA</b>	Zip <b>02025</b>
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 <b>Daniel Hill</b>			Director Name <b>Jeffrey Willmott</b>		
Street Address <b>3 Amandrey Way</b>			Street Address <b>6 Black Horse Lane</b>		
City <b>Ayer</b>	State <b>MA</b>	Zip <b>01432</b>	City <b>Cohasset</b>	State <b>MA</b>	Zip <b>02025</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		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 <b>Daniel Hill</b>				Date <b>12/19/22</b>	
Signature of Authorized Representative 					

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 06 2023  
BY ML X92601  
12:07  
FORM 630 - Revised: 11/2021