State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JAN 25 2023
BY 9659
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Annual Report for the year: 2023
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	2. Exact name of the Corporation			
59528	Wilkes & Company, Inc.			
3. Principal Office Address: 952 Plainfield Street, #3		City: Johnston	State: RI	Zip: 02919
4. NAICS Code: 812990	6. Brief description of the character of business conducted in Rhode Island: Professional Placement Services			
5. State of Incorporation: RI				

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

President Name: Andrew Wilkes			Vice-President Name:		
Street Address: 952 Plainfield Street, #3			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
Secretary Name: Andrew Wilkes			Treasurer Name: Andrew Wilkes		
Street Address: 952 Plainfield Street, #3			Street Address: 952 Plainfield Street, #3		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name: Andrew Wilkes			Director Name:		
Street Address: 952 Plainfield Street, #3			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No Par

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
Andrew Wilkes	1-19-23

Signature of Authorized Representative: Andrew Wilkes

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

FORM 630 - Revised 10/2017