



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

Feb 10 2023
 2150 R

- 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 000082724 | | 2. Exact name of the Corporation Walsh & Associates, Inc. | | | |
| 3. Principal Office Address 294 Main Street | | City East Greenwich | | State RI | Zip 02818 |
| 4. NAICS Code 541810 | | 6. Brief description of the character of business conducted in Rhode Island To provide advertising and public relations services. | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Robert Walsh | | Vice-President Name John Walsh | | | |
| Street Address 56 Walton Avenue | | Street Address 112 Peirce Street | | | |
| City Warwick | State RI | Zip 02886 | City East Greenwich | State RI | Zip 02818 |
| Secretary Name (same as above) | | Treasurer Name (same as above) | | | |
| 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 (same as above) | | 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. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | PAR VALUE | | | |
| | | 50 | Common | No Par Common | |
| | | | | | |
| 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 Robert A. Walsh | | | | Date 2/7/23 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
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