



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.

FILED

MAR 02 2023

BY

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1. Entity ID Number <b>000142981</b>		2. Exact name of the Corporation <b>Heald &amp; Foye, Ltd.</b>	
3. Principal Office Address <b>76 Westminster Street, Suite 420</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
4. NAICS Code <b>922130</b>	6. Brief description of the character of business conducted in Rhode Island <b>To Render Legal Services</b>		
5. State of Incorporation <b>Rhode Island</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>Thomas W. Heald</b>		Vice-President Name <b>Hannah M. Foye</b>	
Street Address <b>76 Westminster Street, Suite 420</b>		Street Address <b>76 Westminster Street, Suite 420</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Secretary Name <b>Thomas W. Heald</b>		Treasurer Name <b>Thomas W. Heald</b>	
Street Address <b>76 Westminster Street, Suite 420</b>		Street Address <b>76 Westminster Street, Suite 420</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
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>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>600</b>	<b>CNP</b>
			<b>0</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. <b>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.</b>			
Name of Authorized Representative <b>Thomas W. Heald, President</b>		Date <b>2/28/23</b>	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021