RI SOS Filing Number: 202330673840 Date: 3/10/2023 4:00:00 PM

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.

MAR 10 2023
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1 Entity ID Number	2 Exact name of the Corporation		
000143833	THE WELCH CORP.		
3 Principal Office Address	City	State	Zip
35 ELECTRIC AVE	BRIGHTON	MA	02135
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island		
237990	SITE CONSTRUCTION		
5 State of Incorporation			
MA			

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

President Name: ALBERT J. WELCH, III			Vice-President Name:		
Street Address: 628 FISKE STREET			Street Address:		
City: HOLLISTON	State: MA	Zip: 01746	City:	State:	Zip:
Secretary Name: DAVID J. WELCH			Treasurer Name: DAVID J. WELCH		
Street Address: 106 NONANTUM STREET			Street Address: 106 NONANTUM STREET		
City: NEWTON	State: MA	Zip: 02458	City: NEWTON	State: MA	Zip: 02458

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

Director Name: ALBERT J. WELCH, III			Director Name: DAVID J. WELCH		
Street Address: 628 FISKE STREET			Street Address: 106 NONANTUM STREET		
City: HOLLISTON	State: MA	Zip: 01746	City: NEWTON	State: MA	Zip: 02458
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9 Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
750	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: ALBERT J. WELCH, III, PRESIDENT

Date: x 3/8/23

Signature of Authorized Representative: X

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: 11/2021