



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

1257062

1 Entity ID Number 000143833		2 Exact name of the Corporation THE WELCH CORP.			
3 Principal Office Address 35 ELECTRIC AVE		City BRIGHTON		State MA	Zip 02135
4 NAICS Code 237990	6. Brief description of the character of business conducted in Rhode Island SITE CONSTRUCTION				
5 State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SHARES	
		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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021