



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.

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1. Entity ID Number 001660917		2. Exact name of the Corporation WEALTH AND RISK MANAGEMENT COMPANY, INC.			
3. Principal Office Address 106-1 CHANNEL VIEW			City WARWICK	State RI	Zip 02889
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE, FINANCIAL SERVICES AND SECURITIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN H. SULYMA			Vice-President Name JOHN H. SULYMA		
Street Address 106-1 CHANNEL VIEW			Street Address 106-1 CHANNEL VIEW		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name JOHN H. SULYMA			Treasurer Name JOHN H. SULYMA		
Street Address 106-1 CHANNEL VIEW			Street Address 106-1 CHANNEL VIEW		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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 100	CLASS/SERIES COMMON	PAR VALUE 0.01
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 JOHN H. SULYMA				Date 2/7/2023	
Signature of Authorized Representative <i>John H. Sulyma</i>					