RI SOS Filing	Date: 3/23/2023 4:0 <u>0:00 PM</u>						
State of Rhode Island Department of St	ate - Busine	ss Services [Division				
Annual Report for the ye		FILEDINIP					
Corporation → Filing period: February 1 -	MAR 2 2 2023						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00			BY		1		
1. Entity ID Number	2. Exact name of the Corporation						
70189	Pension Consultants, Inc.						
3. Principal Office Address 100 Amaral St. #12			City Riverside		State RI		^{Zip} 02915
4. NAICS Code 52 5	Brief description of the character of business conducted in Rhode Island Retirement Plan Administration						
5. State of Incorporation RI							
7. List ALL officers (names and ac	idresses)		Irra Barra	Check to	ne box to i	ndicate a	an attachment 🗖
President Name Sean P. Fecte	Vice-President Name Patricia A. Adamonis						
Street Address 57 Briarwood [Street Address 11 Arrowhead Road						
^{City} Seekonk	State MA	^{Zip} 02771	^{City} Seekonk		State MA Zrp 02771		^{Zıp} 02771
Secretary Name Patricia A. Fed	Treasurer Name Patricia A. Adamonis						
Street Address 57 Briarwood [Street Address 11 Arrowhead Road						
^{City} Seekonk	State MA	^{Zip} 02771	^{City} Seekonk				^{Zip} 02771
8. List ALL directors (names and a Director Name	addresses)		In the N	Check t	he box to i	ndicate a	an attachment
Director Name	Director Name	Director Name					
Street Address	Street Address						
City	State	Zip	City		State		Zıp
Director Name			Director Name				
Street Address	Street Address						
City	State	Zîp	City		State Zip		Zip
9. Shares Authorized	<u>.</u>	10. Shares Issu	ıed	Check ti	ne box to i	ndicate a	an attachment 🔲
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		C. ASS/SFRIES Common		PAR VALUE	
		200		Common			None
11. This report must be executed trustee, this report must be execu Under penalty of perjury, I decla	ted on behalf of t	he corporation by t	he receiver or tri	ustee.			
statements, and that all stateme	ents contained l	nerein are true and	d correct.	g any accomp			·····
Name of Authorized Representation Sean P. Fecteau		Date 3/21/2023					
Signature of Authorized Represen	tative				1	·	
Sen PJ.J	`						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov