



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Corporation _____

APR 11 2023
 BY B. J. [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 35321		2. Exact name of the Corporation CONSIDERED OPINIONS INCORPORATED			
3. Principal Office Address 2224 PAWTUCKET AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island General business consulting, to hold, own, acquire, buy, sell, mortgage, borrow upon and otherwise transfer real and personal property			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
President Name PETER A. WHEALTON			Vice-President Name PETER A. WHEALTON		
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name PETER A. WHEALTON			Treasurer Name PETER A. WHEALTON		
Street Address 2224 PAWTUCKET AVENUE			Street Address 2224 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
Director Name PETER A. WHEALTON			Director Name		
Street Address 2224 PAWTUCKET AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES	
		100		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 PETER A. WHEALTON				Date 3/10/23	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov