



Annual Report for the year: 2023
 Corporation _____

APR 14 2023

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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number 001701603		2. Exact name of the Corporation ROYCE ASSOCIATES, INC.			
3. Principal Office Address 44 CHARTER OAK CT			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island CONSULTING			
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 FREDERICK ROYCE			Vice-President Name		
Street Address 4 CHARTER OAK CT			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name FREDERICK ROYCE		
Street Address			Street Address 4 CHARTER OAK CT		
City	State	Zip	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FREDERICK ROYCE			Director Name		
Street Address 4 CHARTER OAK CT			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/STRIKES	PAR VALUE
		100	CNP	\$1.000	
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 FREDERICK ROYCE				Date 1/11/2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-8040
 Website: www.sos.ri.gov