



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.

FILED

MAY 17 2023

BY 5584

PS

1. Entity ID Number 132295		2. Exact name of the Corporation PREMIER CONSULTING, INC.			
3. Principal Office Address 32 Meeting Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 339514		6. Brief description of the character of business conducted in Rhode Island Consulting and equipment leasing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent M. Griffin			Vice-President Name Tammy L. Griffin		
Street Address 1415 Profit Drive			Street Address 1415 Profit Drive		
City Fort Wayne	State IN	Zip 46808	City Fort Wayne	State IN	Zip 46808
Secretary Name Tammy L. Griffin			Treasurer Name Vincent M. Griffin		
Street Address 1415 Profit Drive			Street Address 1415 Profit Drive		
City Fort Wayne	State IN	Zip 46808	City Fort Wayne	State IN	Zip 46808
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Tammy L. Griffin			Director Name Vincent M. Griffin		
Street Address 1415 Profit Drive			Street Address 1415 Profit Drive		
City Fort Wayne	State IN	Zip 46808	City Fort Wayne	State IN	Zip 46808
Director Name None			Director Name None		
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/SERIES		
			PAR VALUE		
			1500		
			Common		
			\$.10 Par Value		
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 Vincent M. Griffin					Date 5-1-23
Signature of Authorized Representative					