



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

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

MAR 07 2024
BY *[Signature]*

1. Entity ID Number 122901		2. Exact name of the Corporation A. Walecka & Son, Inc.			
3. Principal Office Address 2375 Cranberry Highway			City W. Wareham	State MA	Zip 02576
4. NAICS Code 484210		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION, MOVING & PACKING OF HOUSEHOLD AND OTHER GOODS FROM ONE POINT OF RI TO ANOTHER POINT IN RI			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian N. Walecka			Vice-President Name Brett M. Walecka		
Street Address 258 Bramblebush Road			Street Address 150 King Street		
City Stoughton	State MA	Zip 02072	City Hanson	State MA	Zip 02341
Secretary Name Daniel A. Walecka			Treasurer Name Brett M Walecka		
Street Address 11 Snap Weed Lane			Street Address 150 King Street		
City Acushnet	State MA	Zip 02743	City Hanson	State MA	Zip 02341
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian N Walecka			Director Name Brett M. Walecka		
Street Address 258 Bramblebush Road			Street Address 150 King Street		
City Stoughton	State MA	Zip 02072	City Hanson	State MA	Zip 02341
Director Name Daniel A Walecka			Director Name		
Street Address 11 Snap Weed Lane			Street Address		
City Acushnet	State MA	Zip 02743	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
		1200		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 Brian N. Walecka					Date March 1, 2024
Signature of Authorized Representative <i>[Signature]</i>					

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