



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 07 2024

BY

28993
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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 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES		CLASS/SERIES	
		1200		Common	
				PAR VALUE	
				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 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023