



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.

REC'D RIOS BSD
21 MAR 7 AM 3:36:45

1. Entity ID Number 001766746		2. Exact name of the Corporation McGovern and Associates, Inc.			
3. Principal Office Address 62 Abby Lane			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island Life Science consulting services to life science, biotech, biopharmaceutical companies.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Cahil McGovern			Vice-President Name none		
Street Address 62 Abby Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	CNP	\$0
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 Cahil McGovern				Date 2/29/2024	
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

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