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
2024 MAR 7 AM 3:39:45
SECY RICOS BSD

1. Entity ID Number	2. Exact name of the Corporation			
001766746	McGovern and Associates, Inc.			
3. Principal Office Address		City	State	Zip
62 Abby Lane		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541690	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Cahil McGovern	2/29/2024

Signature of Authorized Representative: Cahil McGovern

FILED 9:36

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

MAR 07 2024
BY CTPA

FORM 630- Revised: 12/2023