



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2024

MAR 13 2024

Corporation

BY LS
[Signature]

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

1. Entity ID Number 001676312		2. Exact name of the Corporation Meehan Wealth Managment, Inc.			
3. Principal Office Address 850 Aquidneck Avenue, STE. A4			City Middletown	State RI	Zip 02842
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island Financial Planning			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon Meehan			Vice-President Name		
Street Address 850 Aquidneck Avenue, STE.A4			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 VALUF
			1000	CNP	0.00
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 <i>Sharon K Meehan</i>				Date 3-4-24	
Signature of Authorized Representative <i>[Signature]</i>					