



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 RI SOS
24 APR 8 3:53:17 PM

1. Entity ID Number 001099973		2. Exact name of the Corporation BW Research Partnership, Inc												
3. Principal Office Address 6120 Paseo Del Norte, Suite E2			City Carlsbad	State CA	Zip 92011									
4. NAICS Code 541720	6. Brief description of the character of business conducted in Rhode Island ECONOMIC AND WORKFORCE RESEARCH AND CONSULTING SERVICES													
5. State of Incorporation CA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joshua Aaron Williams			Vice-President Name Philip G Jordan											
Street Address 1373 Magnolia Ave			Street Address 50 Mill Pond Drive											
City Carlsbad	State CA	Zip 92008	City Wrentham	State MA	Zip 02093									
Secretary Name Veronica Williams			Treasurer Name Veronica Williams											
Street Address 1373 Magnolia Ave			Street Address 1373 Magnolia Ave											
City Carlsbad	State CA	Zip 92008	City Carlsbad	State CA	Zip 92008									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Joshua Aaron Williams			Director Name Philip G Jordan											
Street Address 1373 Magnolia Ave			Street Address 50 Mill Pond Drive											
City Carlsbad	State CA	Zip 92008	City Wrentham	State MA	Zip 02093									
Director Name Veronica Williams			Director Name											
Street Address 1373 Magnolia Ave			Street Address											
City Carlsbad	State CA	Zip 92008	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>13,797</td> <td>CWP</td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	13,797	CWP	0.01			
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13,797	CWP	0.01												
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 Philip Jordan				Date 4/1/2024										
Signature of Authorized Representative 														

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