



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 RIDGESS BSD
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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 ☐					
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 ☐					
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. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 13,797	CLASS/SERIES CWP	PAR VALUE 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 					

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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FORM 630- Revised: 12/2023