




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

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  
13:53:19  
APR 8 2024  
BS

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <b>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.</b>					
Name of Authorized Representative Philip Jordan				Date 4/1/2024	
Signature of Authorized Representative 					

FILED

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

3:55

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BY ML 5600

FORM 630- Revised 12/2023