



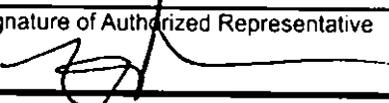
**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2021**

**Corporation**

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

**STAMP**  
 REC'D RIDG BSO  
 24 APR 8 13:53:12

1. Entity ID Number <b>001099973</b>		2. Exact name of the Corporation <b>BW Research Partnership, Inc</b>			
3. Principal Office Address <b>6120 Paseo Del Norte, Suite E2</b>			City <b>Carlsbad</b>	State <b>CA</b>	Zip <b>92011</b>
4. NAICS Code <b>541720</b>		6. Brief description of the character of business conducted in Rhode Island <b>ECONOMIC AND WORKFORCE RESEARCH AND CONSULTING SERVICES</b>			
5. State of Incorporation <b>CA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joshua Aaron Williams</b>			Vice-President Name <b>Philip G Jordan</b>		
Street Address <b>1373 Magnolia Ave</b>			Street Address <b>50 Mill Pond Drive</b>		
City <b>Carlsbad</b>	State <b>CA</b>	Zip <b>92008</b>	City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>
Secretary Name <b>Veronica Williams</b>			Treasurer Name <b>Veronica Williams</b>		
Street Address <b>1373 Magnolia Ave</b>			Street Address <b>1373 Magnolia Ave</b>		
City <b>Carlsbad</b>	State <b>CA</b>	Zip <b>92008</b>	City <b>Carlsbad</b>	State <b>CA</b>	Zip <b>92008</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Joshua Aaron Williams</b>			Director Name <b>Philip G Jordan</b>		
Street Address <b>1373 Magnolia Ave</b>			Street Address <b>50 Mill Pond Drive</b>		
City <b>Carlsbad</b>	State <b>CA</b>	Zip <b>92008</b>	City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>
Director Name <b>Veronica Williams</b>			Director Name		
Street Address <b>1373 Magnolia Ave</b>			Street Address		
City <b>Carlsbad</b>	State <b>CA</b>	Zip <b>92008</b>	City	State	Zip
9. Shares Authorized			10. Shares Issued <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		PAR VALUE
			<b>132,179</b>	<b>CWP</b>	<b>0.0100</b>
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 <b>Philip Jordan</b>				Date <b>4/1/2024</b>	
Signature of Authorized Representative 			<b>FILED</b>		

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

3:54

APR 08 2024

BY ML 5600