



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.

APR 26 2024
1122 *oz*

1. Entity ID Number 000353931		2. Exact name of the Corporation BSW, Inc.			
3. Principal Office Address 160 Franklin Street			City Bristol	State RI	Zip 02809
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Affordable Housing Development			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bette Walpole			Vice-President Name Catherine Tattrie		
Street Address 30 Bay View Avenue			Street Address 8 Schoolhouse Road		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Secretary Name Josue D. Canario			Treasurer Name Vicky White		
Street Address 395 Metacom Avenue			Street Address 2 Ursula Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bette Walpole			Director Name Catherine Tattrie		
Street Address 30 Bay View Avenue			Street Address 8 Schoolhouse Road		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Director Name Josue D. Canario			Director Name Vicky White		
Street Address 395 Metacom Avenue			Street Address 2 Ursula Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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	
		8,000		STK	
				PAR VALUE	
				\$0.0100	
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. <i>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.</i>					
Name of Authorized Representative Bette Walpole				Date 4/22/24	
Signature of Authorized Representative <i>Bette Walpole</i>					

MAIL TO:
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Website: www.sos.ri.gov