



State of Rhode Island
Department of State - Business Services Division

FILED

APR 26 2024

BY 14851
OS

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.

1. Entity ID Number 001660090		2. Exact name of the Corporation The Hutchison Company, Inc.			
3. Principal Office Address 376 Dry Bridge Road, Unit J1			City No. Kingstown	State RI	Zip 02852
4. NAICS Code 326121		6. Brief description of the character of business conducted in Rhode Island Manufacturing.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Euan Hutchison			Vice-President Name		
Street Address 376 Dry Bridge Rd. #J1			Street Address		
City No. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Euan Hutchison			Treasurer Name Euan Hutchison		
Street Address 376 Dry Bridge Rd. #J1			Street Address 376 Dry Bridge Rd. #J1		
City No. Kingstown	State RI	Zip 02852	City No. Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Euan Hutchison			Director Name		
Street Address 376 Dry Bridge Rd. #J1			Street Address		
City No. Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000	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 Euan Hutchison					Date 4/18/24
Signature of Authorized Representative <i>Euan S. Hutchison</i>					

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