

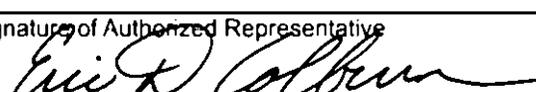


**State of Rhode Island  
Department of State - Business Services Division**

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 RIDOS BSA  
24 APR 29 PM 12:51:17

1. Entity ID Number <b>850562</b>		2. Exact name of the Corporation <b>Colburn Strategic Partners Incorporated</b>			
3. Principal Office Address <b>8 North Road</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
4. NAICS Code <b>541613</b>		6. Brief description of the character of business conducted in Rhode Island <b>Marketing consulting services</b>			
5. State of Incorporation <b>Rhode Island</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>Eric D. Colburn</b>			Vice-President Name		
Street Address <b>8 North Road</b>			Street Address		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City	State	Zip
Secretary Name <b>Alexander R. Colburn</b>			Treasurer Name <b>Eric D. Colburn</b>		
Street Address <b>8 North Road</b>			Street Address <b>8 North Road</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		1000		Common	
				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.					
<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>Eric D. Colburn</b>				Date <b>4/19/2024</b>	
Signature of Authorized Representative 				W3 FILED APR 29 2024 4710	

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

BY \_\_\_\_\_