



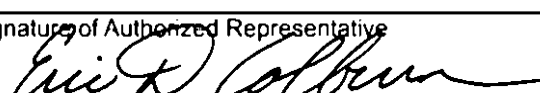
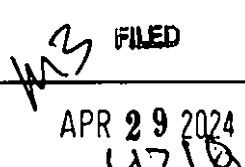
State of Rhode Island
Department of State - Business Services Division

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 RHODES BSA
24 APR 29 PM 12:51:17

1. Entity ID Number 850562		2. Exact name of the Corporation Colburn Strategic Partners Incorporated			
3. Principal Office Address 8 North Road			City Foster	State RI	Zip 02825
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island Marketing consulting services			
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 Eric D. Colburn			Vice-President Name		
Street Address 8 North Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Alexander R. Colburn			Treasurer Name Eric D. Colburn		
Street Address 8 North Road			Street Address 8 North Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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 Eric D. Colburn				Date 4/19/2024	
Signature of Authorized Representative 				APR 29 2024 	

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 _____