



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 04 2024

BY 6196
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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 104284		2. Exact name of the Corporation Watchworks, Inc			
3. Principal Office Address 1388 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island Watch repairs and sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert L Metheny III			Vice-President Name Robert L Metheny III		
Street Address 56 Smith Ave			Street Address 56 Smith Ave		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Robert L Metheny III			Treasurer Name Robert L Metheny III		
Street Address 56 Smith Ave			Street Address 56 Smith Ave		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Robert L Metheny III				Date X 4/30/2024	
Signature of Authorized Representative 					

MAIL TO:
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