



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.

FILED

MAY 12 2024

BY

27526

1. Entity ID Number 35321		2. Exact name of the Corporation CONSIDERED OPINIONS INCORPORATED	
3. Principal Office Address 2224 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island General business consulting, to hold, own, acquire, buy, sell, mortgage, borrow upon and otherwise transfer real and personal property		
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 PETER A. WHEALTON		Vice-President Name PETER A. WHEALTON	
Street Address 2224 PAWTUCKET AVENUE		Street Address 2224 PAWTUCKET AVENUE	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
Secretary Name PETER A. WHEALTON		Treasurer Name PETER A. WHEALTON	
Street Address 2224 PAWTUCKET AVENUE		Street Address 2224 PAWTUCKET AVENUE	
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI
Zip 02914		Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name PETER A. WHEALTON		Director Name	
Street Address 2224 PAWTUCKET AVENUE		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		PAR VALUE	
		100	COMMON
			NO PAR
*1. 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 PETER A. WHEALTON			Date 3/15/24
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023