



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
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

JAN 29 2025

BY

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EJ

1. Entity ID Number 12002		2. Exact name of the Corporation SLEPKOW, SLEPKOW & ASSOCIATES, INC.			
3. Principal Office Address 1481 Wampanoag Trail			City East Providence	State RI	Zip 02915
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Matthew D. Sleprow			Vice-President Name Matthew D. Sleprow		
Street Address 1481 Wampanoag Trail			Street Address 1481 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Matthew D. Sleprow			Treasurer Name Matthew D. Sleprow		
Street Address 1481 Wampanoag Trail			Street Address 1481 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Matthew D. Sleprow			Director Name Joshua S. Sleprow		
Street Address 1481 Wampanoag Trail			Street Address 1481 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			No Par Value		
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 Matthew D. Sleprow				Date 1/22/25	
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