State of Rhode Island

Department of State - Business Services Division

FILED
JAN 29 2025
BY 383

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.

1. Entity ID Number	2. Exact name of the Corporation		
12002	SLEPKOW, SLEPKOW & ASSOCIATES, INC.		
3. Principal Office Address	City	State	Zip
1481 Wampanoag Trail	East Providence	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541110	Law		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Matthew D. Slepkow			Vice-President Name: Matthew D. Slepkow		
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. Slepkow			Treasurer Name: Matthew D. Slepkow		
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. Slepkow			Director Name: Joshua S. Slepkow		
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	Common	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	Date
Matthew D. Slepkow	1/22/25

Signature of Authorized Representative: X

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: 11/2021