RI SOS Filing Number: 202566216400 Date: 2/24/2025 4:00:00 PM



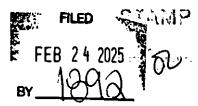
State of Rhode Island

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



1. Entity ID Number 000131812	2. Exact name	2. Exact name of the Corporation Wallick & Associates, LTD.					
3. Principal Office Address	1		City		State	Zip	
51 Jefferson Boulevard, First Floor			Warwick		RI	02888	
4. NAICS Code	6. Brief descr	ption of the charact	er of business of	onducted in Rh	node Island	<u> </u>	
811130	Primarily	Primarily to engage in the specific business of the practice of law.					
5. State of Incorporation	 	- •	·		·		
Rhode Island							
7. List ALL officers (names a	nd addresses)			Check	the box to indicate a	an attachment 🔲	
President Name Marc D. Wallick			Vice-President Name				
Street Address 51 Jefferson Boulevard, First Floor			Street Address				
City Warwick	State RI	^{Zip} 02888	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)		1	Check	the box to indicate	an attachment	
Director Name , Marc D. Wallick			Director Name				
Street Address 51 Jefferson Boulevard, First Floor			Street Address				
^{City} Warwick	State RI	^{Zip} 02888	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address	3			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss					
This information is currently of record in the Department of State.		NUMBER OF	NUMBER OF SHARES		S/SERIES	PAR VALUE	
Changes require an additional	l filing.	<u> </u>					
11. This report must be exec	uted on behalf of the	corporation by an a	uthorized repres	sentative. If the	corporation is in the	hands of a re-	
ceiver or trustee, this report							
Under penalty of perjury, I statements, and that all sta				nciuaing any a	accompanying scn	eaules ana	
Name of Authorized Represe					Date	· · · · ·	
Marc D. Wa			2 .	14-25			
Signature of Authorized Rep	- // //	///			1		
MAIL TO: Division of Business Services							
148 W. River Street Frovidence,		315					
Phone: (401) 222-3040 Website: www.sos.ri.gov					FORM 6	30- Revised: 12/20	

Website: www.sos.ni.gov