

State of Rhode Island

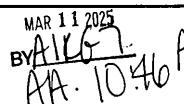
Department of State - Business Services Division

| Annual Report for the year: 202 24 Corporation ———————————————————————————————————— | | | SSE SEE | | | | |
|--|-----------------------------------|--|---|---------------------|-----------------------|--------------------|--|
| Filing period: February 1 Filing Fee: \$50.00 | - | | | | 8 | 28+5N (| |
| → Penalty: Additional \$25.00 | | | | | | | |
| 1. Entity ID Number 000797850 | | 2. Exact name of the Corporation Winslow, King, Richards & Company, Inc. | | | | | |
| 3. Principal Office Address 470 Washington St, Unit #5 | | | City | | State | Zip | |
| | | | Norwood | | MA | 02062 | |
| 4. NAICS Code | 6. Brief descri | ption of the charact | ter of busine | ss conducted in R | hode Island | | |
| 561311 | Human Re | Human Resources Staffing and Consulting | | | | | |
| 5. State of Incorporation NH | | | | | | | |
| 7. List ALL officers (names and ac | dresses) _ | | | Check | k the box to indicate | an attachment 🔲 | |
| President Name Brendan King | Vice-President Name John Bogosian | | | | | | |
| Street Address 470 Washington St, Unit #5 | | | Street Address 470 Washington St, Unit #5 | | | | |
| ^{City} Norwood | State MA | ^{Zip} 02062 | City Norwood | | State MA | 72062 02062 | |
| Secretary Name | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 8. List ALL directors (names and a | addresses) | | | | k the box to indicate | an attachment 🔲 | |
| Director Name Brendan King | | | Director Name John Bogosian | | | | |
| Street Address 470 Washington St, Unit #5 | | | Street Address 470 Washington St, Unit #5 | | | | |
| ^{Chy} Norwood | State MA | ^{Zip} 02062 | City Norwood | | State MA | ⁷ 02062 | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zıp | |
| 9. Shares Authorized | | 10. Shares Issu | | Chec | k the box to indicate | | |
| This information is currently of record in the | | NUMBER OF | SHARES | CLASS/SERIES | | PAR VALUE | |
| Department of State. | | 4000 | | CWP | \$1 | .00 | |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be executed ceiver or trustee, this report must | be executed on b | ehalf of the corpor | ation by the | receiver or trustee | ə. <u> </u> | | |
| Under penalty of perjury, I decla | | | | t, including any | accompanying sch | nedules and | |
| statements, and that all statements contained herein are true and . Name of Authorized Representative | | | | | Date | | |
| Brendan King | | | | 03/10/2025 | | | |
| Signature of Authorized Represen | | | FILE | ED . | | | |

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: 12/2023