



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.

REC'D
RIDGEBURY
25 MAR 11 AM 10:46:00

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 Norwood		State MA	Zip 02062
4. NAICS Code 561311		6. Brief description of the character of business conducted in Rhode Island Human Resources Staffing and Consulting			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check 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	Zip 02062
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check 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		
City Norwood	State MA	Zip 02062	City Norwood	State MA	Zip 02062
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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	
		4000	CWP	\$1.00	
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. <i>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.</i>					
Name of Authorized Representative Brendan King				Date 03/10/2025	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY AILEY
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FORM 630- Revised: 12/2023