**State of Rhode Island**
**Department of State - Business Services Division**

**Annual Report for the year:** 2021
**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 | | |
|---|---|---|---|
| 000797850 | Winslow, King, Richards & Company, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 470 Washington St, Unit #5 | Norwood | MA | 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 | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 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.

***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 |
|---|---|
| Brendan King | 03/10/2025 |

Signature of Authorized Representative

**FILED**

MAR 11 2025
BY
AM. 10:43 AM

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