



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.

FILED

APR 11 2025

BY 1256

1. Entity ID Number 70189		2. Exact name of the Corporation Pension Consultants, Inc.			
3. Principal Office Address 100 Amaral St. #12		City Riverside		State RI	Zip 02915
4. NAICS Code 525110		6. Brief description of the character of business conducted in Rhode Island Retirement Plan Administration			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sean P Fecteau			Vice-President Name Patricia A Adamonis		
Street Address 57 Briarwood Dr.			Street Address 11 Arrowhead Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Patricia A Fecteau			Treasurer Name Patricia A Adamonis		
Street Address 57 Briarwood Dr.			Street Address 11 Arrowhead Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE
		100	Common	None	
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 Sean P Fecteau				Date 3/13/2025	
Signature of Authorized Representative 					

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: 12/2023