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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	2. Exact name of the Corporation			
000122533	Robert W. Sullivan, Inc.			
3. Principal Office Address		City	State	Zip
529 Main Street, Suite 203		Boston	MA	02129
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330	Engineering Design Services			
5. State of Incorporation				
MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Paul D. Sullivan			Vice-President Name:		
Street Address: 529 Main Street, Suite 203			Street Address:		
City: Boston	State: MA	Zip: 02129	City:	State:	Zip:
Secretary Name: Dorian Alba			Treasurer Name: John W. Keegan		
Street Address: 529 Main Street, Suite 203			Street Address: 529 Main Street, Suite 203		
City: Boston	State: MA	Zip: 02129	City: Boston	State: MA	Zip: 02129

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name: Baoquy Vu			Director Name:		
Street Address: 529 Main Street, Suite 203			Street Address:		
City: Boston	State: MA	Zip: 02129	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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
990	CNP	0.0000
0	PNP	0.0000

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
John W. Keegan	05/20/25

Signature of Authorized Representative: John W Keegan

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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