

REC'D RIDOS BSD
25 JUN 4 PM 3:27:13State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 000122533		2. Exact name of the Corporation Robert W. Sullivan, Inc.			
3. Principal Office Address 529 Main Street, Suite 203			City Boston	State MA	Zip 02129
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Engineering Design Services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input checked="" type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
Changes require an additional filing.			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 John W. Keegan				Date 05/19/25	
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

JUN 04 2025
 BY FORM 630- Revised: 12/2023
 4:00 pm