RI SOS Filing Number: 202579699540 Date: 10/17/2025 9:40:00 AM

Docusign Envelope ID: 96EAFB86-7345-445C-85E8-3069BEB33D44

State of Rhode Island
Department of State - Business Services Division

RECD OCT 17 2025 9:23:35 AM
STAMP
SECRETARY OF STATE

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
001752692	Walker Development & Construction Management Corporation

3. Principal Office Address	City	State	Zip
337 Turnpike Road, Suite 201	Southborough	MA	01772

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236220	Commercial General Contracting
5. State of Incorporation	
MA	

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

President Name: none			Vice-President Name: none		
Street Address: none			Street Address: none		
City: none	State: none	Zip: none	City: none	State: none	Zip: none
Secretary Name: none			Treasurer Name: none		
Street Address: none			Street Address: none		
City: none	State: none	Zip: none	City: none	State: none	Zip: none

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

Director Name: Jeffrey Walker			Director Name: none		
Street Address: 337 Turnpike Road, Suite 201			Street Address: none		
City: Southborough	State: MA	Zip: 01772	City: none	State: none	Zip: none
Director Name: Nick Poirier			Director Name: none		
Street Address: 337 Turnpike Road, Suite 201			Street Address: none		
City: Southborough	State: MA	Zip: 01772	City: none	State: none	Zip: none

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.	100,000	CNP	0.00

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
Jeffrey Walker	10/16/2025

Signature of Authorized Representative: DocuSigned by Jeffrey Walker 889293BB1FB1478

FILED
OCT 17 2025
BY MDNWA 9:40

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

AR

FORM 630- Revised: 12/2023