



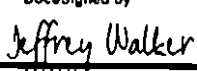
State of Rhode Island
Department of State - Business Services Division

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.

RECD
21 OCT
AM 9:35:35
STAMP
SECRETARY OF STATE
LY

1. Entity ID Number 001752692		2. Exact name of the Corporation Walker Development & Construction Management Corporation			
3. Principal Office Address 337 Turnpike Road, Suite 201			City Southborough	State MA	Zip 01772
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island 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 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
		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 Jeffrey Walker				Date 10/16/2025	
Signature of Authorized Representative 				FILED OCT 17 2025	

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

BY mnw 9:40

Adc