



State of Rhode Island

Department of State - Business Services Division

STAMP

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.

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R.I. DEPT. OF STATE  
SOS SVCS DIV

FOR SECRETARY OF STATE  
USE ONLY

2023 FEB - 7 A 10:04

1. Entity ID Number <b>001697214</b>		2. Exact name of the Corporation <b>Camp Mohawk Consulting, Inc.</b>			
3. Principal Office Address <b>211 Quaker Lane Suite 201</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>541600</b>		6. Brief description of the character of business conducted in Rhode Island <b>consulting</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Stephen M. Brusini</b>			Vice-President Name <b>Stephen M. Brusini</b>		
Street Address <b>211 Quaker Lane Suite 201</b>			Street Address <b>211 Quaker Lane Suite 201</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Stephen M. Brusini</b>			Treasurer Name <b>Stephen M. Brusini</b>		
Street Address <b>211 Quaker Lane Suite 201</b>			Street Address <b>211 Quaker Lane Suite 201</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100 Common with 0.01 par</b>		
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.					
<i>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.</i>					
Name of Authorized Representative <b>Stephen M. Brusini</b>				Date <b>1/31/23</b>	
Signature of Authorized Representative <i>President</i>					

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

FEB 07 2023  
BY ML JS89D