



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000086963

**2. Name of Corporation** Westwinds Benefit Package, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 359 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

**4. Business Phone No.**

4017513800

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO OWN AND OPERATE A SAIL BOAT FOR CERTAIN QUALIFIED EMPLOYEES OF  
VARIOUS RHODE ISLAND CORP AND OTHER EMPLOYEE BENEFITS AS DETERMINED

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title  
Incorporator is no longer applicable; please delete.**

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| TREASURER      | DAVID M RYAN                                   | 101 MELROSE AVE<br>PROVIDENCE, RI 02835 USA                |
| SECRETARY      | TERRY A CARRAGHER                              | 232 BROADWAY<br>PROVIDENCE, RI 02903 USA                   |
| PRESIDENT      | DAVID M RYAN                                   | 101 MELROSE AVENUE<br>JAMESTOWN, RI 02835- USA             |
| VICE PRESIDENT | SALLY J RYAN                                   | 101 MELROSE AVE<br>JAMESTOWN, RI 02835 USA                 |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|----------------------------------------------------|------------------------------------------------------|
| CNP            |                 | \$0.00              | 100.00                                             | 100                                                  |

**9. 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.**

**Signed this 2 Day of March, 2009 at 3:31:22 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By TERRY A CARRAGHER  
Signature of Authorized Representative of the Corporation

SECRETARY  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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