



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

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**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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:**

**1. Corporate ID No.**

**2. Name of Corporation**

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

No. and Street:

City or Town:

State:

Zip:

Country:

**4. Business Phone No.**

**5. State of Incorporation**

State:

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

TO ACT AS A GENERAL PARTNER OF A LIMITED PARTNERSHIP FORMED TO OWN AND OPERATE A LOW-INCOME HOUSING DEVELOPMENT.

**FILED**

FEB 02 2012

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

BY 1692

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	ALMA FELIX GREEN	861A BROAD STREET PROVIDENCE, RI 02907 USA
<input type="checkbox"/>	VICE PRESIDENT	SUSAN AITCHESON	861A BROAD ST PROVIDENCE, RI 02907 USA

Select From Below Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Clear Add

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.00	2,000.00	0.00

**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.**

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Susan Aitcheson

Business Name: WSHP, Inc.

No. and Street: 861A BROAD STREET Principal Office

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

Contact Phone: 941-2900 ext: \_\_\_\_\_

Contact Email: wdcinfo@wdchoc.org Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 31 Day of January, 2012 at 1:41:51 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  Signature of Authorized Representative of the Corporation

FEB 02 2012

**FILED**  
82713 

Vice President  
Title

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

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept       Decline

[Click HERE to Submit This Information](#)

Form No. 630  
Revised 09/07

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**FILED**

FEB 02 2012

BY FD 82713

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