



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 36446		2. Exact name of the Corporation W.H.I., INC.			
3. Principal office address 38 Bay Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401 348-8912		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Restaurant and rental business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Dana Valery Catalano			Vice-President Name Peter J. Catalano		
Street Address 300 South Pointe Drive			Street Address 300 South Pointe Drive		
City Miami	State FL	Zip 33139	City Miami	State FL	Zip 33139
Secretary Name Mark A. Szaro			Treasurer Name Dana Valery Catalano		
Street Address 38 Bay Street			Street Address 300 South Pointe Drive		
City Westerly	State RI	Zip 02891	City Miami	State FL	Zip 33139
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Peter J. Catalano			Director Name Dana Valery Catalano		
Street Address 300 South Pointe Drive			Street Address 300 South Pointe Drive		
City Miami	State FL	Zip 33139	City Miami	State FL	Zip 33139
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	Common	No Par

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.

File Date: 2-0-13
 Check No: 3586
 By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/27/13
 Signature of Authorized Representative Date
Peter J. Catalano V.P.
 Print or Type Name of Authorized Representative