



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. 76378		2. Exact name of the Corporation W. H. Properties, Inc.			
3. Principal office address 8 SOUND SHORE DRIVE - SUITE 140		City GREENWICH	State CT	Zip 06830	
4. Business Phone No. 203-413-7805		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, SALE, LEASING, RENTAL, MANAGEMENT AND OTHERWISE DEALING WITH COMMERCIAL AND RESIDENTIAL REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NICHOLAS C. MOORE			Vice-President Name GARY L. GALKIN		
Street Address 8 SOUND SHORE DRIVE - SUITE 140			Street Address 24 HAMMOND HILL		
City GREENWICH	State CT	Zip 06830	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name NICHOLAS C. MOORE			Treasurer Name CHARLES M. ROYCE		
Street Address 8 SOUND SHORE DRIVE - SUITE 140			Street Address 8 SOUND SHORE DRIVE - SUITE 140		
City GREENWICH	State CT	Zip 06830	City GREENWICH	State CT	Zip 06830
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	NO PAR VALUE

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

229 FILED

FEB 27 2013

BY 02191200

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.

Nicholas C. Moore 2-27-13
Signature of Authorized Representative Date

NICHOLAS C. MOORE

Print or Type Name of Authorized Representative