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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 2015

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.	2. Exact name of the Corporation
18443	Winston Management Services Corporation

3. Principal office address	City	State	Zip
70 Jefferson Blvd.	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation
401-781-7500	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
General venture management.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Harry Harootunian	Vice-President Name: Harry Harootunian
Street Address: 70 Jefferson Blvd.	Street Address: 70 Jefferson Blvd.
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886
Secretary Name: Harry Harootunian (Asst. Sec. Carol M.C. Duclos)	Treasurer Name: Harry Harootunian
Street Address: 70 Jefferson Blvd.	Street Address: 70 Jefferson Blvd.
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

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 of Authorized Representative — Date: 2/12/15

Harry Harootunian
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
FEB 17 2015
BY 1009

Form No. 630
Revised: 01/2012
117208-42-1018076