



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.

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|--|--------------------|--|--|--------------------|---------------------|
| 1. Entity ID No. 18443 | | 2. Exact name of the Corporation Winston Management Services Corporation | | | |
| 3. Principal office address 70 Jefferson Blvd. | | City Warwick | | State RI | Zip 02886 |
| 4. Business Phone No. 401-781-7500 | | 5. State of Incorporation 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) <input type="checkbox"/> | | | | | |
| 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) <input type="checkbox"/> | | | | | |
| 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 | | | 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 |
| | | | 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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 17 2015

Form No. 630
Revised: 01/2012

BY

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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

Harry Harootunian

Print or Type Name of Authorized Representative

2/12/15
Date