

	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	 LOGOUT

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.

FILED
MAY 27 2015

5. State of Incorporation
State: BY

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

TO ACQUIRE BY PURCHASE, LEASE OR OTHERWISE, AND TO OWN, USE HOLD, SELL, CONVEY REAL ESTATE.

7. Names and Addresses of the Officers and Directors:

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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

☐	Treasurer	Ralph E Mongeon	14925 Mahoe Court Fort Myers, FI 33908 USA
☐	President	Ralph E Mongeon	14925 Mahoe Court Fort Myers, FI 33908 USA
☐	Vice President	Sandra Joyce Mongeon	14925 Mahoe Court Fort Myers, FI 33908 USA
☐	Secretary	Ralph E Mongeon	14925 Mahoe Court Fort Myers, FI 33908 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
CWP		\$1.0000	8,000.00	100.00

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:

Business Name:

No. and Street:

City or Town:

Contact Phone: ext:

Contact Email:

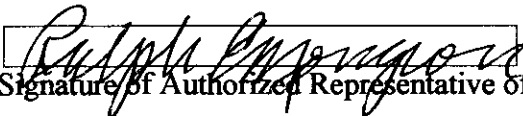
Principal Office ▼

State: Zip: Country:

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 21 Day of May, 2015 at 3:59:35 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

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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