



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 2016

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. 000102448		2. Exact name of the Corporation RTW ENTERPRISES INC.			
3. Principal office address 9891 BROKEN LAND PARKWAY #400			City COLUMBIA	State MD	Zip 21046
4. Business Phone No. 301-596-7105		5. State of Incorporation MD			
6. Brief description of the character of business conducted in Rhode Island MECHANICAL MAINTENANCE SVC AT FEDERAL BUILDINGS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name F EDWARD BRANDON			Vice-President Name DAVID VAN SCOYOC		
Street Address 9891 BROKEN LAND PKWY #400			Street Address 9891 BROKEN LAND PKWY #400		
City COLUMBIA	State MD	Zip 21046	City COLUMBIA	State MD	Zip 21046
Secretary Name RICK FRANZ			Treasurer Name		
Street Address 9891 BROKEN LAND PKWY #400			Street Address		
City COLUMBIA	State MD	Zip 21046	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name F EDWARD BRANDON			Director Name		
Street Address 9891 BROKEN LAND PKWY #400			Street Address		
City COLUMBIA	State MD	Zip 21046	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
			1000	CWP	1.00

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: _____

FILED
 JAN 04 2016

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

DAVID VAN SCOYOC

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

BY

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