

#### 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 \_

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY N	
Entity ID No.     2. Exact name of the Corporation	William Charles III A WARRANT ENAMEL I LEG
797531 Iws Acomisit	ion (preparation
3. Principal office address 5901 Broken Sound Porkway NW 400	Bora Raton State Zip 33487
4. Business Phone No. 0	5. State of Incorporation
6. Brief description of the character of business conducted in Rhode Island	florida
	-0
Warranty proment	TACHENTE
President Name	Vice-President Name
James H. Hawk, Fre	Richard B. Hell, JR.
Street Address Spund Bekway, Nu	Street Address Pd. 6th Klope
Boca Raton State Zip 33427	Thasca State Zip 60143
Secretary Name Kelly Aur Marketti	Treasurer Name + Sur V. Poz Operations Eric Marx Wikander
Street Address 190 Pierce Rd, 6 Loore	Street Address Steel Sound Partway, No
State 1 Zip Zip Zip (20143)	Boca Raton State 33487
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR	
Director Name	Director Name
Hassan Rara Bacase Street Address	William August Hickey, FR.
150 Pierce Rd, 6 ALOOR	150 Piekce Rd, 6 Hoor
State Zip 60143	City Hasa State TV 210 60143
Leaun Harel Resta	Director Name
Street Address #	Street Address Street Address Story 2001
190 Pierce Rd, 6 gloor	5901 Broken Sound Parkway, MI
City State Zip 60143	Boca Raton State Zip 33487
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
tara da	NUMBER OF SHARES CLASS/SERIES PAR VALUE
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.	1000 Str 1000.
	ad representative. If the corporation is in the hands of a receiver or trustee,
	the corporation by the receiver or trustee.
File Date	Under penalty of perjuly, 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.
Chack No.	21.12611
FILED	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	FRIC NEANOER
Form No. 630 FEB 1 8 2016	Print or Type Name of Authorized Representative
RY 1656	)S

Revised: 01/2012

## **Directors & Officers**

**IWS Acquisition Corporation** 

150 Pierce Road, 6th Floor

Itasca, IL 60143

Incorporated In: Incorporation Date:

1/17/2012

FL

FEIN#: 45-4281618

### **Directors**

NAME	APPOINTED
Hassan Raza Baqar	1/17/2012
Leann Hazel Repta	1/17/2012
William August Hickey, Jr.	1/17/2012
James Hartman Hawk	1/18/2012

### Officers

OFFICER TITLE	APPOINTED
Sr. VP	1/18/2012
President & CEO	1/18/2012
VP	1/18/2012
Secretary	9/02/2015
	President & CEO VP