



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 2017

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. 538791		2. Exact name of the Corporation David W. Schwanke, Inc.			
3. Principal office address 5 Northern Boulevard, Unit 15			City Amherst	State NH	Zip 03031
4. Business Phone No. (603) 883-3042			5. State of Incorporation New Hampshire		
6. Brief description of the character of business conducted in Rhode Island Wholesale/retail sale of building materials, supplies, tools and equipment and a manufacturing representative					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Walter Schwanke			Vice-President Name None		
Street Address 5 Northern Boulevard, Unit 15			Street Address		
City Amherst	State NH	Zip 03031	City	State	Zip
Secretary Name Merrilee Dawn Schwanke			Treasurer Name Merrilee Dawn Schwanke		
Street Address 5 Northern Boulevard, Unit 15			Street Address 5 Northern Boulevard, Unit 15		
City Amherst	State NH	Zip 03031	City Amherst	State NH	Zip 03031
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Walter Schwanke			Director Name		
Street Address 5 Northern Boulevard, Unit 15			Street Address		
City Amherst	State NH	Zip 03031	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
			10	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

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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.

David Walter Schwanke 11/11/16
 Signature of Authorized Representative Date

David Walter Schwanke, President

Print or Type Name of Authorized Representative