



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

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

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: 2017

1. Corporate ID No. 000135499

2. Name of Corporation Wynn's Extended Care, Inc.

3. Street Address Principal Business Office:

No. and Street: 6303 BLUE LAGOON DRIVE  
SUITE 225

City or Town: MIAMI

State: FL Zip: 33126 Country: USA

4. Business Phone No.

305-266-5665

5. State of Incorporation

State: CA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

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

MARKET AND PROMOTE VEHICLE SERVICE CONTRACTS THROUGH AUTOMOBILE DEALERS

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	KATHERINE T. APONTE	6303 BLUE LAGOON DRIVE, SUITE 225

		MIAMI, FL 33126-6004 USA
SECRETARY	KATHERINE T. APONTE	6303 BLUE LAGOON DRIVE, SUITE 225 MIAMI, FL 33126-6004 USA
PRESIDENT	R. STEVEN BROOKS	6303 BLUE LAGOON DRIVE, SUITE 225 MIAMI, FL 33126-6004 USA
DIRECTOR	R. STEVEN BROOKS	6303 BLUE LAGOON SRIVE, SUITE 225 MIAMI, FL 33126-6004 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	75,000.00	1000

**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.**

**Signed this 4 Day of January, 2017 at 11:23:57 AM.** *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 KATHERINE T APONTE  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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