



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

<b>1. Entity ID Number</b> 152541		<b>2. Exact name of the Corporation</b> WDC INVESTMENT CORPORATION		
<b>3. Principal Office Address</b> 100 Dupont Drive		<b>City</b> Providence	<b>State</b> RI	<b>Zip</b> 02907
<b>4. NAICS Code</b> 55 - Management of Companies and Enterprises	<b>6. Brief description of the character of business conducted in Rhode Island</b> management			
<b>5. State of Incorporation</b> Rhode Island				
<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>President Name</b> William P. Considine, Jr.		<b>Vice-President Name</b> William P. Considine, Jr.		
<b>Street Address</b> 100 Dupont Drive		<b>Street Address</b> same		
<b>City</b> Providence	<b>State</b> RI	<b>Zip</b> 02907	<b>City</b>	<b>State</b> Zip
<b>Secretary Name</b> William P. Considine, Jr.		<b>Treasurer Name</b> William P. Considine, Jr.		
<b>Street Address</b> same		<b>Street Address</b> same		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b> Zip
<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>Director Name</b> William P. Considine, Jr.		<b>Director Name</b>		
<b>Street Address</b> same		<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b> Zip
<b>Director Name</b>		<b>Director Name</b>		
<b>Street Address</b>		<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b> Zip
<b>9. Shares Authorized</b> This information is currently of record in the Department of State.  Changes require an additional filing.		<b>10. Shares Issued</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		386	A	no par value
		3,860	B	no par value
<b>11. 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.</b>				
<b>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.</b>				
<b>Name of Authorized Representative</b> William P. Considine, Jr.				<b>Date</b> 1/16/17
<b>Signature of Authorized Representative</b> 				

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

JAN 19 2017

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FORM 630 - Revised: 10/2016