RI SOS Filing Number: 201731057710 Date: 01/27/2017 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
35158	WESTERN INDUSTRIAL COMPLEX, INC.

3. Principal Office Address	City	State	Zip
ONE STAMP PLACE	EXETER	R.I	02822

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53	LAND SALE AND DEVELOPMENT
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
WILLIAM M. STAMP, JR.	WILLIAM M. STAMP, JR.
Street Address: ONE STAMP PLACE	Street Address: ONE STAMP PLACE
City: EXETER State: R.I. Zip: 02822	City: EXETER State: R.I. Zip: 02822
Secretary Name	**Treasurer Name**
CAROL J. STAMP	CAROL J. STAMP
Street Address: ONE STAMP PLACE	Street Address: ONE STAMP PLACE
City: EXETER State: R.I. Zip: 02822	City: EXETER State: R.I. Zip: 02822

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Director Name
WILLIAM M. STAMP, JR.	CAROL J. STAMP
Street Address: ONE STAMP PLACE	Street Address: ONE STAMP PLACE
City: EXETER State: R.I Zip: 02822	City: EXETER State: RI Zip: 02822
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued		Check the box to indicate an attachment ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800 COMMON NO PAR VALUE	210 SHARES	COMMON	NO PAR
Changes require an additional filing.			

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.

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.

Name of Authorized Representative	Date
CAROL J. STAMP	1-25-17

Signature of Authorized Representative: Carol J. Stamp

FILED

JAN 27 2017

By 1031

KM

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

FORM 630 - Revised: 10/2016