



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 45400		2. Exact name of the Corporation Win Dor, Inc.					
3. Principal Office Address 3897 Old Post Road		City Charlestown	State RI	Zip 02813			
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Contractor						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name J. Paul Clough			Vice-President Name J. Paul Clough				
Street Address 110 Austin Street			Street Address 110 Austin Street				
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879		
Secretary Name J. Paul Clough			Treasurer Name J. Paul Clough				
Street Address 110 Austin Street			Street Address 110 Austin Street				
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name J. Paul Clough			Director Name None				
Street Address 110 Austin Street			Street Address				
City Wakefield	State RI	Zip 02879	City	State	Zip		
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			100			Common	No Par
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. <i>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.</i>							
Name of Authorized Representative J. Paul Clough					Date: 2/11/17		
Signature of Authorized Representative 					SIGN DOCUMENT HERE FEB 03 2017		

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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