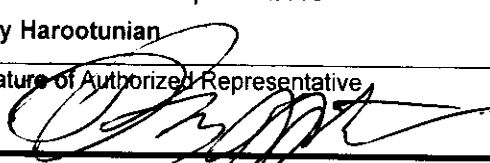




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>18443</b>		2. Exact name of the Corporation <b>Winston Management Services Corporation</b>			
3. Principal Office Address <b>70 Jefferson Blvd.</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>55 - Management of Companies</b>		6. Brief description of the character of business conducted in Rhode Island <b>General venture management.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Harry Harootunian</b>			Vice-President Name <b>Harry Harootunian</b>		
Street Address <b>70 Jefferson Blvd.</b>			Street Address <b>70 Jefferson Blvd.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Harry Harootunian (Asst. Sec. Carol M.C. Duclos)</b>			Treasurer Name <b>Harry Harootunian</b>		
Street Address <b>70 Jefferson Blvd.</b>			Street Address <b>70 Jefferson Blvd.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02887</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>Common</b>		<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>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>					
Name of Authorized Representative <b>Harry Harootunian</b>				Date <b>2/13/2017</b>	
Signature of Authorized Representative 					

FILED  
FEB 21 2017