RI SOS Filing Number: 201755216360 Date: 12/19/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

DEC 19 2017

BY 27345

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
15787	WARM WINDS LTD

3. Principal Office Address	City	State	Zip
26 KINGSTOWN ROAD	NARRAGANSETT	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424330	MENS & WOMENS/SWIMWEAR/SPORTSWEAR/SURFBOARDS WETSUITS/FOOTWEAR/EXERCISEWEAR/AND RELATED WATERSPORTS ACCESSORIES
5. State of Incorporation: RI	

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

President Name	Vice-President Name
SUSAN HOGAN	THOMAS HOGAN
Street Address: 201 CONGDON DRIVE	Street Address: 201 CONGDON DRIVE
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879
Secretary Name: THOMAS HOGAN	**Treasurer Name:** SUSAN HOGAN
Street Address: 201 CONGDON DRIVE	Street Address: 201 CONGDON DRIVE
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 ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	400	STK	1.00

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
THOMAS HOGAN	VICE PRESIDENT	12/15/17
Signature of Authorized Representative	VICE PRESIDENT	

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: 10/2017