



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year:

2017

DEC 19 2017

Corporation

BY

27345

- 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 15787		2. Exact name of the Corporation WARM WINDS LTD			
3. Principal Office Address 26 KINGSTOWN ROAD			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 424330		6. Brief description of the character of business conducted in Rhode Island MENS & WOMENS/SWIMWEAR/SPORTSWEAR/SURFBOARDS WEBSHITS/FOOTWEAR/EXERCISEWEAR/AND RELATED WATERSPORTS ACCESSORIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SUSAN HOGAN			Vice-President Name 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) <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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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 THOMAS HOGAN					Date 12/15/17
Signature of Authorized Representative THOMAS HOGAN					VICE PRESIDENT
					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