RI SOS Filing Number: 201856206800 Date: 1/16/2018 12:51:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2018 JAN 16 PM 12:50

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		
001669498	WoonyDirect, Inc		
3 Principal Office Address	**City**	**State**	**Zip**
334 Broadway	Providence	RI	02909
4 NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
531390	Real estate developing and investing		
5. State of Incorporation			
RI			

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

President Name	Vice-President Name
Mark VanNoppen	H. LeBaron Preston
Street Address: 50 Dexter St.	Street Address: 500 North Tamiami Trail
City: Providence, State: RI, Zip: 02909	City: Sarasota, State: FL, Zip: 34236
Secretary Name	**Treasurer Name**
H. LeBaron Preston	Robert E Dupre Jr
Street Address: 500 Tamiami Trail	Street Address: 235 Broadway
City: Sarasota, State: FL, Zip: 34236	City: Providence, State: RI, Zip: 02903

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

Director Name	Director Name
Mark VanNoppen	H. LeBaron Preston
Street Address: 50 Dexter Street	Street Address: 500 Tamiami Trail
City: Providence, State: RI, Zip: 02903	City: Sarasota, State: FL, Zip: 34236
Director Name: Robert E Dupre Jr.	Director Name:
Street Address: 235 Broadway	Street Address:
City: Providence, State: RI, Zip: 02903	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000	CWP	$ 0.01

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
Mark VanNoppen	**FILED**	11/1/17
Signature of Authorized Representative	SIGN DOCUMENT HERE: JAN 16 2018	

BY e 321842
12:51

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: 08/2017