State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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
000018443	WINSTON MANAGEMENT SERVICES CORPORATION

3. Principal Office Address	City	State	Zip
70 Jefferson Blvd.	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541611	General venture management.
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Harry Harootunian	Harry Harootunian
Street Address: 70 Jefferson Blvd.	Street Address: 70 Jefferson Blvd.
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886
Secretary Name: Harry Harrotunian (Asst. Sec. Carol M.C. Duclos)	Treasurer Name: Harry Harootunian
Street Address: 70 Jefferson Blvd.	Street Address: 70 Jefferson Blvd.
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This Information is currently of record in the Department of State.	200	Common	No par value
Changes require an additional filing.			

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
Harry Harootunian, President	2/7/18

Signature of Authorized Representative

FILED
FEB 13 2018
BY 1023

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