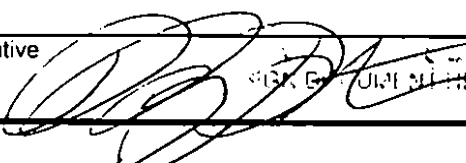




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000018443		2. Exact name of the Corporation WINSTON MANAGEMENT SERVICES CORPORATION			
3. Principal Office Address 70 Jefferson Blvd.		City Warwick		State RI	Zip 02886
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island 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 Harry Harootunian			Vice-President 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
Secretary Name Harry Harootunian (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 Check the box to indicate an attachment ☐					
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	
200		Common		No par value	
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 Harry Harootunian, President					Date 2/7/18
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 13 2018

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FORM 630 - Revised: 10/2017