RI SOS Filing Number: 201859229220 Date: 2/27/2018 4:00:00 PM

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SECRETARY OF STATE
CORPORATIONS DIV

State of Rhode Island and Providence Plantations Department of State - Business Services Di				2018 FEB 2 7 PK 3: 45			
Annual Report for the Corporation	VOOr.	18	Division —				
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		I filed by April 1.					
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
87389	•	Winter America, Inc.					
3. Principal Office Address			City		State	ΙΖίρ	
1070 Kingstown Road, P.O. Box 3712		_ '	Peace Dale		02883		
4. NAICS Code 423840	6. Brief description of the character				RI Rhode Island	02003	
5. State of Incorporation Rhode Island	To engage	e in the distribu	tion of produc	cts at wholes	ale and retail		
7. List ALL officers (names and	addresses)			 -	Check the hoy to	indigate as ettecht	
President Name Markus Wendelspiess Street Address	arkus Wendelspiess			Check the box to indicate an attachment Vico-President Name			
1070 Kingstown Road			Street Address				
Peace Dale	State RI	^{Zip} 02883	City		State	Zrp	
Scoretary Name Markus Wendelspiess			Troasurer Name				
Street Address 1070 Kingstown Road, P.O. Box 3712			Vacant Street Address				
City Peace Dale	State RI	^{Zip} 02883	City	City		Zip	
List ALL directors (names and Director Name	addresses)				Check the box to it	ndicate an attachment 🔲	
Markus Wendelspiess			Director Nam	e			
Street Address 1070 Kingstown Road, P.O. Box 3712			Street Address				
City Peace Dale	State RI	^{Zip} 02883	City	City		Zrp	
Director Name			Director Nami	Director Name			
Sueel Address			Street Address				
Dity	State	Zip	City		State	Zip	
). Shares Authorized		10. Shares Issu	red		heck the box to id	ndicate an attachment	
his Information is currently of record in the Department of State.		HUNBER OF SHARES		CLASS	S SERVES	WAS ANT OF	
hangos require en additional filing.		8,000		Com	nr.	\$.01 par value	
This report must be executed ustee, this report must be executed ustee, this report must be executed inder penalty of perjury, I declicatements, and that all statements.	ere and affirm the	t i have examina	this receiver or in				
lame of Authorized Representati Markus Wendelspiess, Pres		Date February / 9 2018					
ignature of Authorized Represer		· -	 _		rebrua	ry * 1, 2018	
17. Nen							
AIL TO:							

146 W. River Street, Providence, Rhode Island 02904-2515 Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FORM 630 - Revised: 10/2017

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