RI SOS Filing Number: 201859600740 Date: 3/1/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

BY___

MAR 0 1 2018 F.

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

> Paraller Additional \$25.00 fee if form is not filed by April 1.

Penalty: Additional \$25.00 to								
Entity ID Number 2. Exact name of the Corporation								
140701 FWS Corp.								
3. Principal Office Address		City		State	Zip			
50 WASHINGTON SQUARE			NEWPORT		RI	02840		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
531120	To engage in the real estate business including without limitations, buying, selling, constructing,							
5. State of Incorporation								
RHODE ISLAND moderate								
7 List ALL officers (names and add	Check the box to indicate an attachment							
President Name ROBERT M. SABE	Vice-President Name PAUL MURPHY							
Street Address 50 WASHINGTON S	Street Address 50 WASHINGTON SQUARE							
City NEWPORT	State RI	Zip 02840	City NEWPORT		State RI	^{Zip} 02840		
Secretary Name MARJORIE E. JENSEN			Treasurer Name MARJORIE E. JENSEN					
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE					
City NEWPORT	State RI	^{Zip} 02840	City NEWPORT		State RI	^{Zip} 02840		
8. List ALL directors (names and ac	dresses)	<u>-</u>		Check t	he box to indica	te an attachment 🔲		
Director Name MARJORIE E. JENSEN			Director Name	Director Name ELIZABETH PHELPS				
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE					
City NEWPORT	State RI	Zıp 02840	City NEWPORT		State RI	Zip 02840		
Director Name PAUL MURPHY	•	Director Name ROBERT M. SABEL						
Street Address 50 WASHINGTON S	Street Address 50 WASHINGTON SQUARE							
City NEWPORT	State RI	Zip 02840	City NEWPO	RT	State RI	Zip 02840		
9. Shares Authorized 10. Shares			Sued Check the box to indicate an attachment					
This information is currently of record in the		NUMBER OF SHARES C.		C_ASS/SERIES	LASS/SERIES PAR VALUE			
Department of State.		100			\$1	.00		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the co	progration by an a	authorized repres	entative. If the corpor	ation is in the h	ands of a receiver or		
trustee, this report must be execute	d on behalf of th	e corporation by	the receiver or tru	ustee.				
Under penalty of perjury, I declar statements, and that all statemen				ncluding any accom	panying sched	ules and		
Name of Authorized Representative Date								
ROBERT M. SABEL		2/14/2018						
Signature of Authorized Representative Supplicorument Here 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 MAR 0.1,2018

FORM 630 - Revised: 10/2017