



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR -1 PM 1:23

1. Entity ID Number 13869		2. Exact name of the Corporation H & W Associates, Inc.	
3. Principal Office Address 228 Belvedere Drive		City Cranston	State R.I.
		Zip 02920	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real Estate		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Harvey Michaels		Vice-President Name Nancy Michaels	
Street Address 228 Belvedere Drive		Street Address 228 Belvedere Drive	
City Cranston	State R.I.	City Cranston	State R.I.
Zip 02920		Zip 02920	
Secretary Name Nancy Michaels		Treasurer Name Harvey Michaels	
Street Address 228 Belvedere Drive		Street Address 228 Belvedere Drive	
City Cranston	State R.I.	City Cranston	State R.I.
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Harvey Michaels		Director Name Mrs. William Michaels	
Street Address 228 Belvedere Drive		Street Address 228 Belvedere Drive	
City Cranston	State R.I.	City Cranston	State R.I.
Zip 02920		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		300	
		Common	
		None	
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 Harvey Michaels			Date 03-01-18
Signature of Authorized Representative <i>Harvey Michaels</i> SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 01 2018

BY 6558